

A NARRATIVE INQUIRY INTO PARENTS' EXPERIENCES WITH TEENS WITH
SUBSTANCE USE ISSUES: WHERE ARE THE SCHOOLS IN THEIR STORIES?

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By

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Abstract

Responding to students who are experimenting with substance use is a complex challenge for schools and administrators. For parents of these children, deciding how to best serve their child's needs can be an overwhelming and alien experience. I used narrative inquiry as the research framework for this work. This inquiry has interwoven stories of my personal experiences as a parent and educator with those of three other families who also have been challenged with this complicated and potentially fatal parental issue. In a narrative inquiry, narrative is both the method and the phenomenon under study (Clandinin & Connelly, 2000). Recognizing that humans share their stories of experience, and embracing Dewey's (1938) notion of experience as education, I sought the narratives of others as educative places for meaning and insight. Given that the parents' stories are perceptual and subjective, each story speaks a personal truth and is heartbreaking. Together, our stories shed light on and raise questions about families' needs for support for young people suffering from substance use and mental health issues. Where are the schools in these stories of parents who are struggling to guide and assist their children with this life-altering health and education issue?

Conversations surrounding this research puzzle revealed that students' substance use affects their education, health, their lives, and the lives of their families. Parents' stories concentrated on their perceptions of relational connections and interactions of their children and themselves on the school landscape and within their broader communities. Society's moralization of substance use issues and school cultures of zero tolerance, unyielding academic expectations, and limited programming set up barriers for families working through this critical health and education crisis. As schools and parents navigate the minefield of students' substance use and mental health issues, these shared stories offer schools opportunities for positive change. Together, our stories emphasize the need for schools and communities to shift worldviews to become more inclusive and supportive of all students and their families. This inquiry highlights the urgency for school communities to recognize societal and systemic barriers and begins essential conversations about the challenges substance use presents for families, students, and educational administrators in our schools.

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My family, friends and colleagues – *You have listened, read, discussed, laughed, cried, edited, supported, encouraged, and celebrated every milestone along this journey. Thank you!*

DEDICATION

*To the many hopeful, struggling
parents and families
challenged with
the mental health and substance use issues
of their children;*

And especially ...

*to my husband, Jan,
and my sons, Alexander and Benjamin,
who have survived the loss of our beloved Zachary Val
with grace and courage.
Your support, love, and encouragement
made this work possible.*

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Notes to the Reader

Organization of this Dissertation

I am sitting in my kitchen listening to the laughter and conversation of a group of young people. They have returned from the weekend wedding of their dear friend and are now telling and retelling the stories of their adventures. This weekend was the first wedding within this group of friends. As they weave their tales about their many exploits, silly antics and experiences, they good-naturedly correct and argue over details and perspectives. Although each young person participated in the same ceremony, the same dinner, and even some of the same silly experiences, everyone seems to have a different story to tell, seen through their personal lenses. This is the essence of storytelling.

Shock, Grief, Narrative, Reflection, and Research

In this document, I relate a number of stories that were written over a three-year period. I mostly wrote the first part of this inquiry journey three years ago. I explain my personal story and why I began this exploration into parents' stories about parenting a child or children struggling with substance use issues, focusing especially on parents' experiences and interactions on the school landscape. Three years later, some of my memories of my experiences have already faded, and my recollections and the way I now make sense of what I have experienced has been influenced by the passage of time, new experiences, and what I have learned. Preserving my initial work in time, I situate my personal narrative as a reminder of the potential for human growth through experience, the stories of others, and knowledge.

In Chapter One, I introduce my son, Zachary, and how his story intersected with mine, as a mother, educator, and researcher. I lay the foundation for my research puzzle, and capture my thoughts and questions at the time. In Chapter Two, I outline and explain narrative inquiry as the research methodology for this work – what I originally planned, my chosen participants, and ethical considerations. In Chapter Three, I describe my experiences as a researcher as I attempted to actuate my inquiry plan.

Parent Participants' Stories

In the next three chapters, I introduce you to the inquiry participants and their experiences as parents. Our conversations occurred over a span of about eighteen months and I wrote their stories shortly after. I wrote most of this section in the second year of this inquiry journey. When I met with the parent participants, I asked them to tell me about their families and their challenges with their children's substance use. Clandinin (1986) discussed the positioning of narrative inquirers in capturing the stories of others. She commented, "In research of this kind an attempt is made to understand [parents] from their own perspectives... in their own terms, not in terms imposed by the researchers" (p. 11). I wanted to hear about what was important to the parent participants and the directions their plotlines would take me, so I did not share my personal parenting story with the participants until after they had told their stories to me.

In our conversations, parents often told stories out of the sequence of time and wove in and out of many places and spaces in their lives. All three families were living in the midst of their narratives. Their written stories are an amalgamation of my meetings with each of the families, as every conversation brought more details, memories, and insights to light.

I decided to invite the readers of this inquiry to interact with the parents' stories, creating an opportunity for the readers' own sense making and engagement, as they pulled forward their own stories while reflecting on those of the parents. To this end, I tried not to interfere with the parents' narratives, staying out of the way to enable readers to authentically connect with the families. I wanted readers to experience richness in their own responses to the narratives, and find personal rather than prescribed resonance in the parents' stories.

The participants in this inquiry are amazing people. These struggling parents have chosen to share their stories to promote change, so that other families may have an easier time dealing with some of these complex parental issues. Sharing the more difficult, personal stories of families in such a public manner takes bravery and strength. In their book, *Troubling the angels: Women living with HIV/AIDS*, Lather and Smithies (1997) discussed the responsibility they, as researchers, felt toward their participants and their stories. They commented:

[Our book] walks a fine line between making a spectacle of these women's struggles and a wanting to speak quietly, with respect, with all that it means to tell the stories of people willing to put their lives on public display in the hope that it will make it better for others.

I did not want to make a spectacle of the parent participants' lives or of their struggles. I felt an ethical responsibility to honour the parents' narratives, so I decided to tell their stories using their words whenever possible. To enhance the clarity of the narratives, I revised and deleted some of the participants' spoken words, making the stories easier to read and understand. I also masked names, places, and even genders to protect anonymity. No matter the changes, the essence and substance of each story remained true to our conversations of their remembered parental experiences. I gave all of the participants an opportunity to review, revise, and even delete parts of their story. Just as they were active participants in this telling, once the document was drafted in its entirety, I gave them the opportunity to read and give feedback on the dissertation as a whole.

In Chapter Four, I tell the story of Phil and Sally as they struggled to help their son, Buck, find health and balance. In Chapter Five, I describe Amanda's experiences parenting two of her three children who were engaged in the drug culture, a boy, Jordyn, and a girl named Jill. The young people from both of these families knew my son, Zach. In Chapter Six, I recount the story of Maurice and Jeanne. Not only have they dealt, as parents, with their son's substance use, but Pierre also continues to struggle with profound mental health issues. I am very honoured to have been afforded the opportunity to connect with the courageous participants of this inquiry.

Deconstructing and Re-constructing the Participants' Narratives

In the next five chapters, I address my inquiry questions by attending to the participant parents' hopes and dreams, connecting to my personal story, and weaving our collaborative plotlines with scholarly research. For these chapters, I chose the themes that resonated for me, and determined the direction of the research text. Although I was "getting in the way" (Lather & Smithies, 1997, p. xiv) of the parents' stories with this research text, I wanted to maintain the authenticity of the parents' stories and the participants' voices, enabling the readers to see what I saw in their words. Using the parents' words wherever possible, I re-storied our collective narrative, arranging the stories along a different pattern, and exploring the dual plotlines of the parents' stories of their children's experiences and the parents' stories of their own experiences as parents. I first examined relational communities in and of themselves and then interrogated

these relational opportunities on the school landscape. I wrote these final chapters in the third year of my inquiry journey.

In Chapter Seven, I reframe participants' stories about their children. The parents spoke, not only about their children's challenges with substance use, but also about their families and their children prior to this life-changing struggle. Using Friedman's (1989) concepts of found and chosen communities, I examine community connections for the children of this inquiry, through the eyes of their parents, as they moved from birth through high school. I also introduce the importance of the human need to belong. In doing so, I challenge society's thinking about substance use disorders by exploring the underlying moralization of drug use, stigma, and self-stigmatization that has become commonplace in our communities. In Chapter Eight, I continue with these themes, focusing on four concepts school communities can explore to respond to students' need to belong.

Chapters Nine and Ten parallel the construction of the previous chapters, as I continue with a focus on communities, this time exploring the parents' experiences. People achieve membership in the broader community of parents with the arrival of their first child. Parenting brings joys, responsibility, and challenges as well as a new identity, and a transformed lens through which to see the world. The participants in this inquiry described their experiences in their parent and school communities through this parental lens. In these chapters, I investigate community experiences and explore ways to reimagine parent connections within our schools. In Chapter Eleven, I bring together the plotlines of the parents and their children, exploring community connections and reconceptualizing a school community where health care and school communities are connected to serve the needs of students through mental health and substance use disorder initiatives.

I begin most chapters with lyrics from The Beatles' songs. My sons love The Beatles' music. Their father, my husband, introduced them to this music early in their lives, and their beloved Grade 5 teacher, a man who taught all of my sons, reinforced this passion. My youngest son, Zach, who is the main character in my parent story, was a talented musician, who played a number of instruments. He had a bright future as a classical cellist, and was inspired by all types of music. He listened to music constantly, and The Beatles music featured prominently on his playlists. The song lyrics speak to the significance of music in Zach's life.

We experience life and when we share our experiences with others, we tell them from our personal perspectives. Our stories are shaped by our past experiences, our emotions and states of mind at the time, and by the way we make sense of each event in our lives. This narrative inquiry is based on the shared stories of four families.

Chapter 1

My Beautiful Son, Zachary Val

*Sounds of laughter, shades of life
Are ringing through my opened ears
Inciting and inviting me.
Limitless undying love, which
Shines around me like a million suns,
It calls me on and on across the universe.*
(From “Across the Universe,” Lennon & McCartney, 1968)

“Stories have been used since time immemorial to record important events, celebrate the feats of heroes and heroines, transmit the spirit and facts of a major occurrence, and point out patterns of human experience and behavior” (Koki, 1998, p. 2). We have all heard the “bad driver” stories, the “fish that got away” stories, the “crazy aunt or uncle” stories – the stories of triumphs and stories seemingly unbelievable or improbable. Stories of lived experiences are often shared amidst laughter, tears, anger or frustration. Although we forget many of the tales imparted to us in our daily lives, we seem to remember those that resonate with us and evoke an emotional response.

How odd it is... that a story can sneak up on us on a beautiful autumn day, make us laugh or cry, make us amorous or angry, make our skin shrink around our flesh, alter the way we imagine ourselves and our worlds. (Gottschall, 2012, p. xv)

The stories we share connect us and often expose our personal truths, revealing who we are in our glory and our humanity.

To position my story, I feel it is important for me to share my narrative history. I have been happily married for 27 years and I am a mother of three wonderful boys/men. I have been a classroom teacher since 1986 and have taught in a variety of grades and disciplines. I am a researcher and I completed a master’s degree in curriculum studies in 2008. This narrative inquiry has been an emotional journey for me and for those who participated with me. Although this inquiry lays other parents’ experiences alongside my own, it is important that I clearly situate myself in this research as well as introduce you to my son, Zachary. My story is,

unfortunately, not unique, but it is my lived experience and personal journey as a parent, teacher/educator, researcher, and human being as it has intersected with my youngest son's, Zach's, life.

I begin with a few excerpts from my son, Zachary's, Memory Book, an assignment from his eighth grade teacher. I have chosen to share Zach's personal perceptions to introduce him as a character in my story. These snapshots in time are his observations and insights, and they reflect his voice. It is a representation of who he was prior to entering high school. Once upon a time, there was a boy named Zachary Val...



"Who Am I?"

I am about to embark on a new journey in high school. While I am getting ready to start something new, I have had the opportunity to reflect on my last 8 years of elementary school. I am Zach Semenoff and this is my story.

I don't know who I am. I don't know if I'm a typical teenage boy. I like skateboarding and videogames, but I also like classical music and playing my cello. Too much country music gets on my nerves, and I don't really like the banjo. I prefer comedies to dramas, science fiction over romance, and tacos over hamburgers. Maybe I am a little strange, because I don't really like pizza.

I live in Saskatoon with my family. My mom is a teacher, and my dad is a consultant. My brothers are older in high school. We have two dogs. We live in [a quiet neighborhood], a kilometer or so way from the school, which means sometimes it is a little lonely for me because my friends live on the other side of the freeway.

I want to have fun. I'd like to be a professional musician, probably playing my cello or bass guitar. I'd like to study at Julliard in New York because it is one of the finest performing arts schools in the world.

To reach my goals I have to practice a lot. Sometimes I practice because I have to, but mostly, I play because I love it. I've only just started playing the cello, but already I'm on Book Four in the Suzuki program, and on my second cello. I study with one of the best cellists in Saskatoon (he was the lead cellist for the Saskatoon and Regina

symphonies). He has encouraged me to join the Saskatoon Youth Orchestra by December.

So who am I? I guess I'm just a regular guy with a lot of interests and goals. I wonder if a person ever really knows who we are. Isn't that the journey of life?

"High School Expectations"

This year is coming to an end, which means that high school is around the corner. Some people may be very nervous or even scared, but I can't wait until it starts. This is an opportunity to find out what I want to be in my life.

I expect high school to be great. With so many people I can make new friends. Both my brothers are in high school and I have had the opportunity to hear many things about the experience. Because of this I kind of know what to expect. I already know people from grades nine to twelve, which will make my transition much easier. I feel very lucky and can't wait.

I am looking forward to meeting new people the most. I come from a small school so this change will be the biggest. There will be many people who share my interests and many who don't, but I hope I will find a good friend group. Friends are very important to me and in high school I hope to make many new ones.

In ten years, I hope to be happy. I want to enjoy my job and have it involving music. If that doesn't work, I think I want to be a lawyer. I hope to get married and have children.

I don't really know what the future will bring. I'm not certain about what I want to be or do when I grow up. I do know that I want to experience high school to its fullest and make the most of it. (Z. Semenoff, 2010)



On August 23, 2013 my beautiful boy died. I found him. He had died in his sleep of an accidental prescription drug overdose.

As I sit at my computer, I am overwhelmed with emotions. They crash in on my spirit like a tidal wave, rolling through my body, scattering my thoughts and flooding my soul. A crushing pressure envelops me and it is hard to breathe. Losing a child is devastating. The pattern of life's fabric has been disrupted and everything feels wrong. The need to

protect our children from harm is instinctual; innately part of us from the first moment we embrace parenthood. I should be cheering my son on in life, not mourning his death. My reality is inconceivable. (Personal reflection, S. Reschny, 2013)

Zach's death was a mistake, an accident and preventable. Looking back, I realize we, as parents, had done everything we could think of to help him change his stars, to guide him back to a more positive destiny. However, if we had been able to access better information and guidance in the beginning of this ill-fated journey, the outcome may have been very different.



“Suddenly I Became Me”

To me, my childhood was great. I wasn't bullied and had great friends. Nothing went horribly wrong and I had great times.

My earliest memory of [elementary school] was coming to the ... Cooperative Playschool with my dad. I was nervous at first, because I had only been with my brothers. But, I was very excited to start school. Once I started making friends in playschool, I wanted to go every day...

I loved my childhood and would not change anything about it. Everything went spic and span. I had fun in school and had great friends to play with after. It was the perfect childhood in my opinion. (Z. Semenoff, 2010)



Last night, I could not sleep. I have been struggling with how to encapsulate the essence of my son, putting his brief life into words, sharing his beauty. Reflecting on Zach's life's struggles and triumphs has been truly overwhelming. It has been almost three months since his death and harsh reality still mixes with the surreal. Grief comes in waves, from unexpected places. The sound of laughing young men, the smell of grilled cheese sandwiches, a skateboarder on the street, grocery shopping or the sound of a cello can bring pure emotion and the ache of loss. I believe it was Lao Tzu, the father of Taoism, who said, “The flame that burns twice as bright, burns half as long.” My son was a great light and as I work through the shattering end to Zach's brief life, it is becoming even more obvious to me that my son was a marvelous young man whose life

was rich for one so young. Zach was talented, intelligent, and compassionate. He positively impacted so many lives and had amazing potential, but substance use impacted his life and ours, profoundly and tragically. (Personal reflection, S. Reschny, 2013)



“Before I Was, There Were...”

Family is so important. We learn from the wisdom and the mistakes of our family members and we are unconditionally loved. We can always take risks with family; being silly, grouchy or even lazy. We know that no matter what happens they will be there to help us, encourage us and cheer us on in life.

I have a very large family on my mom’s side. I have many aunts and uncles, and too many great aunts and uncles to count. I like to go to family parties because I get to visit with my cousins and big family reunions are always entertaining.

My grandfathers are both very intelligent. My grandfather Elmer (my mom’s dad) is a retired printer who loves to spend time at his cabin with his grandchildren. We spend lots of time in the summer at the cabin, exploring the lake, and visiting together. We play bocce and cards, make campfires, and have really great food. Grandpa Elmer supports us in our sports and other activities. He is always available to help us out.

My grandfather Nik (my dad’s dad) is a retired university professor. He has a lot to say about topics that he has expertise in, and he has expertise in many, many areas. His basement is a complete workshop, with two of every power tool. He paints, and is a printmaker. He is on the web in Artists of Canada, and has been given a Doctorate from the University for his printmaking techniques that have been followed worldwide. He has been invited to lecture in China, Japan and Ireland.

My grandmothers are both very loving people. My Grandma Cathy (my mom’s mom) is a retired vice-principal... She spends some of her time painting watercolors and baking the most delicious cookies and cinnamon buns in the world. She recently had open-heart surgery and is recovering quite well. She always comes to our concerts, sports events and other activities and is our biggest fan.

My Grandma Marygrace (my dad’s mom) is fun to stay with. She doesn’t have many rules, but still runs a fair house. She makes a good roast beef, and likes to cook

strange foods. She likes to research things that her family members are doing. When my dad travels, she looks up where he's going on the Internet and finds restaurants and things for him to do when he's there.

Although families can be complicated at times, mine has been great! Everyone is interesting and involved in many diverse activities. Conversations can be spicy and exciting – at least family life isn't boring. (Z. Semenoff, 2010)



From the day he was born, Zach's light shone brightly. His brothers called him "angel eyes" because his eyes were so blue, and there was kindness and depth to his persona that was evident, even when he was very young. Zach was right, we have a great family, and even though we all looked for ways to help Zach, we lost him anyway. I miss him so much. Everyone does. (Personal reflection, S. Reschny, September 2013)



"Let's Go To The Movies"

I enjoy movies because they are able to take you to a different world. For an hour and a half you can experience a totally different lifestyle. I've been able to see the Middle Ages through the eyes of a squire named William in "Knight's Tale" and became an alien in "Avatar." It is awesome to be able to jump into a story and feel the experience that the characters are going through.

When I was young, my father was at home to take care of me. We used to watch movies together and go out to Matinees in the afternoon. My favourite movies were the "Land Before Time" series, any of the "Winnie the Pooh" stories, and "The Fox and the Hound." I have always liked small animals and had a collection of beanie babies. They used to be my characters and I'd re-enact the movie scenes.

When I got older, I got totally hooked on "Star Wars." When "Phantom Menace" came out, my brothers and I started watching the original series many times over before we went to the new movies. I really enjoyed everything about "Star Wars." My brothers and I used to have light sabre fights in the back yard. I even broke my arm falling off the fence dueling like Obi-Wan Kenobi.

I enjoy comedies and vintage TV shows that we buy on DVD. Lately, I have enjoyed “Hogan’s Heroes” and the original “Get Smart” series. Right now we are watching “3rd Rock from the Sun.” I find it very funny. I also enjoy “Dead Like Me.” Also, one of the best parts of movies is sitting with my family watching them on Blu-ray together. We talk about them after, and discuss the stories and the characters. (Z. Semenoff, 2010)



When people, even those we barely know, describe Zach, they speak of a talented, cheerful, and considerate young man with dancing blue eyes and a great smile. Although I knew my son well, there were pieces to his life’s puzzle that were added by others after his death, creating a picture of a well-loved young man. Apparently, he comforted the mourning, helped those in need, included the lonely, and generally put others first. Teachers, friends, and people in the community have told stories of his generosity and his light, stories from his life that we never knew, and I am gratified that our wonderful boy, whose life was complicated by addiction, mostly remained true to the person we knew he could be. (Personal reflection, S. Reschny, September 2013)



“I Grew Up Here”

Why is it people yearn for home? What is it about trips that make people want to go home? Although I have lived in a couple of houses, my homes seem to be where my family is. No matter where I live in the future, I think I will always call Saskatoon my home...

I have many places I like in Saskatoon. One of which is the river. Since it is hilly, it makes an ideal place to go long boarding. I also like going to different parks. I want to know all of the good playgrounds in our city and I am slowly learning them. Another one of my favourite places is home. I love to be at home and watch movies or play video games. Just like Dorothy said in the Wizard of Oz, “There’s no place like home”... (Z. Semenoff, 2010)



I read Zach's Memory Book many times before and after his death, looking for a reason for the drugs. My memories of Zach and our family experiences, although slightly different, reflect similar sentiments and observations. Family was important, home was important, and experiencing life through our connections with others has always been a focus. Throughout his high school years, Zach was the child who helped around the house, went for groceries with me, cooked meals, shoveled snow and shared his joy. He was usually respectful, he asked permission to go out, checked in regularly, and valued our family. Even when things were tough, home was where he wanted to be. Zach knew all of us loved him and we knew we were loved in return. (Personal reflection, S. Reschny, September 2013)



"Epilogue"

If I could change anything about my life it would be nothing. I like the way my life turned out even if I am sad some of the time. God wanted me to be who I am and this is who it is. Everything I do, I do for a reason and because of that, I would not change anything. I am glad for my life and hope that it unravels well. (Z. Semenoff, 2010)



Life was not always rosy with Zach. The drugs changed his personality at times, particularly when he was trying to quit and recover. We met angry Zach, frustrated Zach, and emotionally out of control Zach. We had to lock up our money, and worried constantly that this stranger we were beginning to see more frequently would replace our beautiful son, permanently. From this Zach we have broken windows, a few small holes in the wall, and scars in our hearts. We have learned, from reading about addictions and conversations with other families, that our experiences are not unique. This is what drugs do to wonderful kids and strong families. (Personal reflection, S. Reschny, 2013)

Addiction and Families

Zach's addiction had a profound effect on our family. All of us, including Zach's older brothers and extended family and friends, went through various stages of realization and had diverse ideas about how to deal with this problem that eventually dominated our home, our relationships, and our emotions. As discussions ensued, the young people in our extended family opened our older, yet more inexperienced eyes to the realities of today's youth culture. Although, as a teacher, I thought I knew about drugs and experimentation, I had no idea how widespread, mainstream, and easily accessible they are in our community.

According to Cao and Zhao (2012), it is not only our community that has been affected by the drug use of our youth. "All world leaders, especially European leaders, are genuinely concerned about the spread of drug use in their respective nations. Despite tremendous efforts over years, incidents of drug use have not subsided, but increased" (p. 303). Cao and Zhao (2012) also discussed the "normalization" of drug use among youth, especially in European countries, that is beginning to spread worldwide. Young people are becoming more accustomed to and accepting of drug use in their culture. Zimić and Jukić (2012) also recognized the seriousness of this widespread issue. They commented:

Drug addiction represents a global health and social challenge faced by the modern world, with ongoing problems for all parties involved; this is true especially for the members of the addict's family, who often have to admit their inability to cope in an efficient manner. (p. 173)

The effect of addiction on the families of addicts is also of concern, internationally. Orford, Copello, Velleman, and Templeton (2010a) explained the concept of addiction and the resulting effect on the families of addicts:

A strong attachment has been formed to the substance or activity so that the person's resources – in the form of attention, time, money, etc. – are diverted away from his or her primary life commitments such as family, work or education. The object of the person's addiction competes for his or her commitment, and the ability to play a normal, full part in family and other domains is compromised. This diversion of commitment, as a result of excessive attachment to the object of addiction, is stressful for other members of the person's primary groups or networks. They are let down in different ways, by the person who is failing to play his or her full part or to fulfill obligations. It poses a threat to the

happiness, productivity and even the very existence of the group. It creates tensions and conflict and poses dilemmas for group members about how to cope with the person's behavior and its effects on the group. (pp. 39-40)

This describes our family's experience as Zach's drug problems escalated and we were unable to find solutions: tense and conflicted, trying to cope and searching for information to be the best parent, brother, friend or grandparent for our struggling Zach. If substance use issues are becoming epidemic, perhaps our community has a responsibility to take better notice, and begin to put systems in place to support families to help prevent further tragedies.

A Cautionary Tale for Families and Communities

My husband and I wrote and delivered the eulogy at Zachary's funeral. It was the most difficult thing I have ever done, but we knew we needed to do this final duty for our son. In a family meeting with his two older brothers, we discussed what needed to be said. How do you honour a life in a short conversation? Zach would never have a graduation or a wedding, so deciding what to say about him, what to tell the world about our son, was very difficult. Ben and Alex, our two older sons, told stories from their perspectives and made suggestions, but what impressed me was their determination to acknowledge Zach's struggle with drugs. They felt, as we did, that Zach's death needed to be a cautionary tale for the many young people who would be in attendance at the funeral.

Although I did not vocalize my thoughts, I also hoped the people who would be in attendance would hear Zach's story and recognize his funeral was the tragic culmination of one family's addiction crisis in Saskatchewan. Because I did not believe our family's story was unique, I secretly hoped publicly addressing his issues could offer an opportunity for others to begin to talk about their struggles as well. The death of one dream is unacceptable, but if our story has a common thread with other families, then questions can be raised and solutions sought. There has to be a better way for families of addicted teens to find information and support. (Personal reflection, S. Reschny, September 2013)

There are days when I feel angry and frustrated that we were unable to find timely help for this wonderful person with such a bright future. Although living with Zach, especially in the last year of his life, was an emotional roller coaster, I sometimes feel as if we, as a society, let

him down, as if there was something else we could have done to help. The worst part about my ‘pity party’ is that counselors warned us that this day might come, the day we would lose our child to the drugs. At the time, I stoically listened and digested the information, but now I am just angry that preparing ourselves was the best advice they could offer, given the programs available. I wonder why there are so few options for parents and their children who are struggling within the drug culture? How can communities provide families with a more direct path to good information?

Zimić and Jukić (2012) stated, “Lack of public awareness together with the lack of high-quality, well-organised preventative and therapeutic programmes, in particular those that are family-oriented, are factors in the constant increase in the number of addicts seen in certain societies” (p.176). This statement foreshadows a tragic future for Saskatchewan’s youths and the need for more, better, and more easily accessible resources for families. Perhaps schools, as one of the educational hubs of communities, can contribute to this need. Zach’s struggle with addictions and subsequent death was an unnecessary tragedy. I wonder if people will remember the positive young man Zach really was, or just remember that he was a “druggie” and write his life off. I wonder if other parents are, like we were, prematurely beginning to mourn the loss of their children as they struggle to find the help that eluded us.

Honouring with Truth

This afternoon I ran into an acquaintance that had been at Zachary’s funeral. As I fought to keep my composure in a public venue, this very kind gentleman waxed poetic about the beautiful service for Zach and how courageous we were to deliver the eulogy as parents. He was especially impressed that we addressed Zach’s struggle with addiction directly and challenged those in a similar situation to get help. This was not the first time my husband and I had heard this sentiment and I felt grateful that we had actually found the strength to read the speech at the time.

The first time the word “courageous” was used to describe our choices, I was surprised. I had never really thought about the ramifications or impact of stating the obvious. Our family and close friends knew Zach struggled with addictions. The kids at his various schools knew about his struggle with addictions. We did not see the point in avoiding the elephant in the room because, with today’s social networking, we knew it was only a matter of time before speculation and innuendo would prevail. If we had not

addressed his issues, there would have been whispers in the room and an underlying indignity connected to his death. (Personal reflection, S. Reschny, September 2013)

In his book, *The elephant in the room: Silence and denial in everyday life*, Zerubavel (2006) discussed the conspiracy of silence, the open secrets (Munro, 1994; Pushor, 2001) in families and communities. He referenced Hans Christen Andersen's story in which brilliant vagabonds convince a vain emperor to purchase a new set of clothes. According to these swindlers, the fabric was so rare and precious that it was invisible to people who were unfit for their position or stupid. Of course, because they didn't want to appear unworthy, no one in the kingdom would tell the vain king that he was wearing nothing and he eventually paraded through the kingdom naked. Zerubavel (2006) explained this story in terms of a common social phenomenon:

The story highlights an intriguing social phenomenon commonly known as a conspiracy of silence, whereby a group of people tacitly ignore something of which they are all personally aware, such as the sexual liaisons between masters and slaves in the antebellum South or the presence of functionally illiterate student athletes on many American campuses today... Such "silent witnessing" is distinctly characterized by each conspirator's awareness of the open secret as well as his reluctance to express it publicly. It is this fundamental tension between knowledge and acknowledgement, personal awareness and public discourse that makes "the Emperor's New Clothes" such an evocative commentary on social life. (pp. 2-3)

According to public opinion, Zach's eulogy had addressed the elephant in the room and had broken the conspiracy of silence. We had acknowledged his addiction struggle publicly, thereby ending his open secret.

A few months after Zach's death, I discussed the open secret concept with a friend. She commented that addiction in our society is a conspiracy of silence. Everyone knows it is a problem for our youth; everyone knows the problem is getting worse, but no one wants to address it. From her perspective, the problem is epidemic and because of the costs and challenges involved, no agency is willing to tackle it. She related a story about visiting her daughter's school to report names of drug dealers operating in the school. The administrator did not want the names and refused to hear what she had to say.

A number of possibilities for this administrative non-action come to my mind. First, the administrator may not want to take on this issue and prefer to pretend it does not really exist in

the school. Second, the administrator may be bound by law or policy to act upon the information in a very specific way, which he or she does not deem to be effective or reasonable. Finally, the administrator may not believe it to be a parent's place to bring hearsay knowledge to the school. Nonetheless, the information was disregarded and the open secret remained.

A few days after the funeral, one of Zach's good friends gave us a compliment. She told us she was proud of us for standing up and saying what needed to be said. She told us that she was excited to see so many people from so many high schools present at the funeral and was cheering because no one was talking, fooling around, or texting while we spoke. From her perspective, she felt that this was one of the first times that an anti-drug message was crystal clear and heard by those who needed it. She made me feel good about our choice to address the elephant in the room, exposing Zach's reality and ending this small conspiracy of silence. (Personal reflection, S. Reschny, September 2013)

No Empathy for the Wicked

Addiction is a "dirty word" in our society. A few weeks after Zach's death, as I flipped through channels late at night, trying to get my mind to slow down, I came across a typical homicide show, where police detectives were discussing the victim of the crime de jour. The fictional police officers used the words "junkie" and "druggie" to describe the girl in question, as if her life and who she was did not matter. It struck me that perhaps the police felt the same about my son when they came to investigate his death. They were professional and seemed to be sympathetic to our situation, but were they just doing their job or were their sentiments authentic?

There seems to be an aura of indifference or apathy surrounding the plight of an addict. I am as guilty as anyone in my attitude prior to my personal experience with my son's struggle. Addiction is a choice, isn't it? He chose to take those drugs. He did it to himself. He could have just quit and then this would not have happened. It is easy to pass judgment because an addict's death seems so pointless and everyone knows taking drugs is a bad idea.

I suppose, speaking publicly about Zach's addiction was courageous in the face of public opinion and the stigma attached to this illness. We had not even considered the possible consequences. Would other people judge us as parents? Did we risk devaluing our son by addressing his illness?

It was not until after the funeral that we realized that we had, perhaps, been a bit naive in our decision. My husband had driven a colleague from the United States to the airport and spoke to the woman at the counter about an upgrade for his friend. Because my husband travels extensively, he is on a first-name basis with most of the local employees of this particular airline. When the woman found out that our son had died, she was predictably upset and sorry for our loss. When she asked how he died, it was like the compassion switch turned off. Her sorrow became indifference and his death no longer seemed tragic. (Personal reflection, S. Reschny, 2013)

Orford, Velleman, Copello, Templeton, and Ibanga (2010b) reported the complexity of family responses to drug addiction. They explained:

Family members find themselves in a very disempowered position as a consequence of the undermining of control that they feel over their own lives and that of their families. This is made worse by the lack of understanding and sometimes outright blame or criticism that they receive from others. The kinds of social support which are empowering for family members are, therefore, those that recognize the multi-layered nature of the stress that a family member is likely to be under, the complexity of the coping dilemmas that the family member faces, the competing needs and obligations that a family member needs to bear in mind and the mixed feelings that she or he is likely to have towards the relative. (p. 58)

The judgments of others regarding our son definitely came into play as I considered my parental options. I have heard the comments in school staff rooms about parents and families and I have heard educators' prejudices about students who use drugs. I did not want my son to be labeled or ignored because of his mistakes, so contacting the school was, for me, a desperate choice.

As we pass judgment about the life choices of others and their families, I wonder if we really understand how vulnerable we all are to the influences our ever-changing society. I wonder if people recognize that today's addicts are not on the fringe, but the athletes, musicians, academics, politicians, student leaders, and artists in our world. Do people realize that drugs and addiction are impacting the lives of the children, brothers, and sisters of active community members? Do people in our community even know how desperate some families are to access help for their loved ones who have become victims of the drug culture?

Everyone Has a Story!

Every morning we check the mail, and today, like most days, brought cards and letters of support for our family, even now, five weeks after Zach's death. We were overwhelmed by the support of the community at our son's funeral, estimating about one thousand people in attendance to pay their respects, celebrate Zach's life, and acknowledge our family's loss. Today, another person, this time from far away, had reached out to our family through a beautiful note, expressing sympathy.

We have received condolences from friends, family, colleagues, and even strangers. Zach's death has touched many people and our tragedy seems to resonate as a common fear for so many. One of the hardest parts about seeing and speaking to people right now is that it seems many people can relate to the addictions struggle. It seems that everyone wants to share their stories and their journey with someone who understands and, right now, I am that person. (Personal reflection, S. Reschny, 2013)

This experience has shown me that substance use disorders are universal, not bound by age, finances, status, or culture.

Zimić and Jukić (2012) commented:

It has been well established that drug addiction onset can be closely linked to adolescence—an age in which young people face numerous, extremely dynamic and intense changes. It is not uncommon for certain young age groups to express their rebellion against the culture dominating their local communities by following novel trends in music, culture and leisure time spending. By doing so, they also rebel against parental authority as the primary factor responsible for their socialization. One of the most prominent social factors responsible for drug addiction onset is the ever-growing drug availability... increas[ing] the chances for consumption by young people across all social strata regardless of presence of risk factors. (p. 176)

According to The Canadian Press (2012), "Dr. Evan Wood, an internal medicine physician... noted the U.S. declared the war on drugs 40 years ago, but that hasn't helped at-risk youth avoid falling into drug use" (n.p.). Dr. Wood's research asked two groups of young users to explain how difficult it would be to access drugs right now in their typical purchase areas and then focused on responses of ten minutes or less, finding users could acquire both marijuana and hard drugs in that short time frame. The Canadian Press cited Wood's comment, "Their reality in

terms of the free and easy availability of drugs is, I think, discordant from your average Canadian's understanding of just how . . . available drugs are on the streets of Canadian cities” (np). Perhaps the average Canadian is, like I was, unprepared for the overwhelming availability of illegal substances to our youth. What is even more shocking are drug prices and potency.

Jennifer Yang (2013), global health reporter for *thestar.com* reported, “[According to a new study led by Canadian researchers], illegal drugs like cocaine, cannabis and heroin have generally become cheaper, purer and more potent than ever, despite a global increase in drug seizures over the past two decades” (n.p.). The numerous stories shared with me in hushed confidence by individuals over the past few months highlight concerns about youth and drugs. Concerns with accessibility, lower costs, and potency are reflected in these discussions and in the media. Lately it seems as if everyone has a story or concern about substance abuse or addiction, yet no one seems to know how to even begin to deal with these problems. If this is how so many people feel, what do parents do when they find their child is experimenting with drugs?

Seeking Information and Help

WTF

I remember the day I first realized that Zach was dabbling in drugs. I have been an educator for 27 years, so I am pretty adept at recognizing suspicious behavior, but it took a while to catch on with my own child. My son, who was in Grade 9 at the time, was a master of manipulation. He was gifted and understood his parents well, so he knew what to say and do to cover his tracks. It was his secretive usage of his cellular phone that tipped me off that something was amiss and I was not afraid to find out why.

Reading his messages was devastating. He was using marijuana. My initial response was riddled with disbelief, fear and anger. I could not believe he was that reckless! Did he not know that marijuana was a ‘gateway drug’¹? What was he thinking? We had taught him about drugs! We had explained what could happen! I could not believe his stupidity! Fear came in a variety of ways. Fear for my son’s future played a huge part as I worried about what to do next. Do I call the school? If I do, will he be labeled? Do they have to report this to the police? What if he gets caught? Will he be able to travel out of the country? He wants to study cello at Julliard; will my actions

¹ A drug that is thought to lead to the use of more dangerous substances.

affect his future plans? Who do I call? Who can I trust with this information? What do I do now?

My first response was research. I tried to find information on the Internet about what to do when you discover your child is taking drugs. The information I found stressed a composed response to your child's drug use, not an over-reaction, and suggested talking calmly to your child to open lines of communication and to educate them about drug use and its perils. For me, this information was a "Band-Aide" approach to parenting. Just replace the words "drug use" with any other adolescent issue and you are off and running. We already had good communication, we discussed drug issues regularly at home, and we were not screaming maniacs. What we needed was good information about how to proceed to help our child – in our city and province. We needed a plan and my experience as an educator, combined with my husband's background in law enforcement, did not help us in our quest.

The sparse information I found sent us to programs that did not apply to our son, mostly due to his age or other demographics such as race. Some programs required a whole different set of intake circumstances than was reported by their website information, and I was often sent on a circular journey of obsolete websites and out of date information. After days of phone inquiries and Internet searches, we realized that there was little easily accessible information or assistance available for parents to help us deal with our child's drug use, and what was out there was outdated or misrepresented. (Personal reflection, S. Reschny, 2013)

Reflecting on my fears, concerns, and frustration with a lack of information, I wonder if other parents have had similar experiences when they initially realized their child had dipped their toe into the ominous drug culture. Did they worry about how to proceed or who to contact? Did they also have difficulty finding solutions to this parenting problem?

I already had a Master's degree at this point in my journey, so research was not a problem for me and, although I know the futility of "second-guessing":

I still have questions about my choices at that time. Did my fears affect my judgment? Did my confidence in my research ability hinder me in my quest for information? If not, why could I not find useful guidance? If I could not find information, how could someone without my research skills find help? How do parents with limited English or

literacy find support? Is help even available? Why did I not call the school immediately?
(Personal reflection, S. Reschny, 2013)

I believe there were two key elements at play in my initial parenting decisions when I first became aware of Zach's drug use – locating information to make informed parenting decisions, and trust.

Where Do Parents Find Information About Parenting Dilemmas?

My parenting dilemma with Zach required more information than I had in my experience. As far as I know, my older two sons had never experimented with drugs and this parenting puzzle was new to me. As an educator, I already knew and had taught my students about drugs and their effects, but making parenting decisions about this very terrifying issue and choosing the next step was not something I had experienced and I felt I needed help.

According to Radley and Randolph (2009), “Parents seem to recognize the importance of effective parenting. They demonstrate this in part by seeking information on effective parenting techniques” (p. 536). Using data from a self-reported survey of parents of children 10 years old and younger, Radley and Randolph examined the resources parents use to gain knowledge of parenting practices. A number of respondents (1,081) from South-Eastern United States were asked in telephone or mail-in surveys to identify, from a list of nine possible sources, those they used to obtain parenting information. They were also asked to identify additional resources not listed. According to this study, parents received information most commonly from books and magazines, followed by family members, the Internet and then school staff. Additionally, parents reported they gathered information from multiple sources and from “a combination of non-professional, professional and media sources” (p. 544).

Raviv, Maddy-Weitzman and Raviv (1992) looked specifically at parents of adolescents seeking help from potential sources for particular problems they may face in their parenting. Their study included 187 parents of adolescents aged 16-17 years from a northern Tel-Aviv high school. This study consisted of mostly middle-income families and excluded single parent families. The questions were hypothetical, looking at potential issues and the parents' choices of information sources for each. For the issue of drugs, parents first chose their spouse as a potential source for information, followed by psychologist, counselor, family doctor, and then literature. Teachers, extended family and friends, and the media were also listed as possible sources. It should be noted that Internet sources were not as prolific or established in 1992, the

time of this study. “Parents intended to seek help from literature to the greatest extent on issues of sex education and drugs/alcohol experimentation... [Also,] parents were most likely to declare that they would seek help on the issue of drug/alcohol experimentation” (p. 130).

If parents recognize the need to seek parenting assistance for serious adolescent issues, why was so little information readily accessible for me in my search for information about drug use? Why was I so frustrated in my quest for assistance? What was I missing?

Any support for substance use Zach received during his life was through Mental Health and Addictions Services. I wondered about the connection between these health issues.

According to the National Institute on Drug Abuse’s (NIH) website:

[Drug addiction is considered a mental illness] because addiction changes the brain in fundamental ways, disturbing a person's normal hierarchy of needs and desires and substituting new priorities connected with procuring and using the drug. The resulting compulsive behaviors that override the ability to control impulses despite the consequences are similar to hallmarks of other mental illnesses. (“Drug Facts: Comorbidity,” 2011, n.p.)

Because substance use issues are situated under the umbrella of mental health services in Saskatchewan, I also looked at the positioning of parents of children with mental illnesses.

Logan and King (2001) recognized the need for parent engagement in adolescent mental health issues. They commented:

Although society is quick to blame parents for not knowing or doing more to prevent the harmful consequences that arise when adolescent problems reach an extreme, little guidance has been offered on effective ways to recognize early warning signs of psychological distress that might enable parents and professionals to preempt negative outcomes. (p. 320).

If most parents want to guide their children, helping them to find solutions to the stresses of growing up and recognizing the need for effective parenting, then it is critical that parents have easy access to resources. Because parents often play a central role in their teenaged children’s lives, they are frequently the means through which their teen receives mental health or addiction services. According to Logan and King (2001), the parent pathway “represents a particularly promising avenue for intervention... [P]arents may be (although certainly not always) more willing than adolescents to take the initiative toward seeking services” (p. 322).

Logan and King (2001) found parents work their way through two stages in obtaining mental health services for their adolescents: the contemplation stage, and the action stage. The contemplation stage includes awareness of the adolescent's distress, recognizing that the problem merits attention, and considering available options. This stage is complicated by many other factors including the relationship between the adolescent and their parents, the intensity of the adolescent's behavior and resulting stress on the family, the family's demographics and attitudes, and the adolescent's desire for treatment. According to this model, once parents are able to consider their parenting options, they are then able to move into the action stage, where they begin to access mental health services.

Looking back, I see where my family had difficulty taking action in the initial stages of awareness of Zach's drug experimentation. Because of our concerns for our son's future, trust issues impeded our decision to contact the school for direction and inconsistent information from other sources of information, particularly the Internet, complicated our decisions about taking action. For my family, finding information about local options for mental health and addictions to assist our son was a huge challenge. The contemplation stage was hindered by lack of reliable and easily accessible information. Without thorough resources or easy access to information, parents will not be able to make informed decisions and will flounder in the action stage of this model, just as we did.

As with Logan and King, Shanley, Reid and Evans (2008) also recognized parents as key to their child's mental health. They commented, "Parents are seen as key 'gateway providers' in terms of recognizing their child's need for help, and taking steps to obtain help" (p.136). Their study examined the active parental process of help-seeking for their child. Their research participants were 60 parents from London, Ontario who had contacted a centralized intake, serving three publicly funded Children's Mental Health Centres. Their study revealed, "Parents seeking help for their child's mental health problem face a complicated system of services" (p. 135). Parents may not follow a linear help-seeking process as suggested by Logan and King (2001), but a more varied pathway. "Parents contacted between one and 11 different agencies before receiving help (with an average of two agencies)" (Shanley et al., 2008, p. 143). Parents also did not necessarily stop seeking help once their child received treatment. According to their study, over one quarter of the treatments offered were not what the parents wanted for their child, yet they took the treatment anyway. Shanley et al. (2008) posited that parents may have

accepted unwanted treatment to demonstrate flexibility and willingness, or were desperate to try anything. “Given the data from this study, one might question whether the amount of effort parents expend looking for help is reasonable” (p. 143). It becomes apparent how critical it is that information about services is more easily accessible to parents and that parent knowledge is considered in treatment options for their child.

Orford et al. (2010a) outlined the need for support for families who are dealing with a family member’s addiction. “Good quality social support, in the form of emotional support, good information and material help, is an invaluable resource for affected family members, supporting their coping efforts and contributing positively to their health” (p. 36). However, they commented, “The inability or unwillingness of professionals to talk through strategies for dealing with problems had sometimes left family members feeling that they had received inadequate information or support” (p. 41).

In our quest for help for our son, my husband and I contacted numerous sources and agencies, looking for guidance to aid and inform us in our parental decisions. As we eventually entered the mental health and addictions system, we were faced with limited options and often followed advice and treatment we intrinsically knew would not work for our son, or us, but felt we had little choice. Our response is consistent with other parental responses noted in the literature.

Trust, Risk and Relationships

Trust was a huge factor in our information seeking choices, especially with respect to contacting our son’s school. Although we had a good working relationship with administration and school staff, I was concerned about labeling, confidentiality, and possible policies regarding reporting to authorities. Hoy and Tschannen-Moran (1999) discussed the importance of trust in schools. They commented, “In the absence of trust, people are cautious; they are unwilling to take risks; and they demand greater protections against betrayal in order to defend their interests” (pp. 185-186). This was certainly my situation. I felt Zach’s future was at stake, so caution and protection of his interests over-rode the trust I may have felt for the school or its personnel.

Trust is a tricky concept to define; however, Adams and Christensen (2000) have attempted to encapsulate a definition of trust in terms of family and school relationships. They explained, “We define trust in the family-school relationship as confidence that another person will act in a way to benefit or sustain the relationship, or the implicit or explicit goals of the

relationship, to achieve positive outcomes for students” (p. 480). Adams and Christensen underlined the importance of home-school relationships to achieve positive outcomes:

An effective family-school relationship emphasizes the interface of two systems by recognizing that the goal of the relationship is to create and sustain a strong connection between varied partners (e.g., parents, teachers, support personnel, principal) to address the ongoing needs of students; not merely a “one-shot” meeting to resolve the presenting concern. (p. 480)

Supporting the ongoing needs of students and families who are dealing with drug experimentation or addiction is a huge task for schools, one that may require the involvement of varied partnerships. However, if schools are already committed to supporting students’ educational achievement, which is almost always adversely affected by drug experimentation, perhaps it is imperative that schools take on the coordination of necessary services for these students and their families.

Because “[d]rug and alcohol dependencies (often referred to as addictions) are considered disabilities in human rights law” (Saskatchewan Human Rights Commission, 2011), it is also worthwhile to examine the perceptions of trust from the perspective of parents of children with disabilities. Angell, Stoner and Shelden (2009) looked at the nature of trust between school personnel and parents of children with disabilities. They identified trust as “a first step in creating collaborative relationships” (p. 160). The family factors they cited as affecting trust included an innate disposition to trust others, a history of trust in educational professionals, and child communication with parents regarding their school experiences. They asserted that trust in teachers was affected by the perception of authentic caring extended to children and parents; honest, timely, and frequent communication with parents; and knowledge about their child’s disability. A factor affecting trust in schools was school climate, specifically, “the overall disposition of school personnel regarding parents and children with disabilities” (p. 169). The services available in and provided by schools, and parents’ perceptions of a collaborative or team approach to their children’s needs also contributed to their trust in schools. Again, the need for parents to be able to access information and resources from a variety of services, in collaboration with school staff, was important to parents. While this inter-service model may have been available at my son’s school, I was unable to find information about any support for drug-related issues on their website or in their parent handbook. I needed to be sure my son would be safe

and I did not trust the school with this knowledge of his drug use. Because basic information regarding school services relating to drugs was not available, and not wanting to compromise my son's anonymity, I did not initially contact the school for assistance.

Mad Dogs Howling at the Moon?

Yesterday, a young man approached my son, Ben, to inquire about a sticker on his skateboard. This sticker was designed and printed by one of Zach's friends and his family to raise money for Zach's Memorial Music Scholarship Fund. The "Skate for Zach" stickers have become quite popular among the young people of our city and this young man wanted to get one too. My son asked if he had known Zach. He had not, but he had heard Zach's story and he had also heard about the "Skate for Zach" benefit that had been organized by his friends.

"Skate for Zach" was originally supposed to be a tribute to my son. It was arranged through Facebook for the day of the funeral, as an opportunity to say goodbye the skater way. Once it became known that our family had arranged for counselors for those who may need support after the funeral, the date was changed to the following Saturday, and "Skate for Zach" evolved into an anti-drug benefit skate. Zach's friends decorated the skate park, tagging tributes to our son in colorful paint. Our family actually took a trip to the park to find out if the photographs on the Internet were really true (and, yes, we joined in the colorful homage). When we got there, we realized from the candles and messages that the skate park had become a place of vigil for Zach. Zach's brother and some of Zach's friends still meet there to remember him, even months after his death.

We knew the media was looking into this human-interest feature, so to be sure a relatively accurate and respectful story was told, my husband contacted the local paper. We never expected the responses we received to the news article (which was mostly accurate). By 10 o'clock the day the story came out in the newspaper, we were contacted by the first of two other media sources, asking for interviews. So there I was, sitting in bed in my pajamas, trying to push away the cobwebs from the little sleep I was able to get, to gather my thoughts, and to sound relatively intelligent for a live radio broadcast. At least we were more prepared for the television interviews that followed. We talked as a family about what was important in Zach's story, what to share, and what to keep private to honor his memory. We decided to focus on our experiences as a family,

without pointing fingers or making accusations about what we felt could or should have been done to help Zach in his struggle. The one thing we all agreed was important was that we could not be perceived as “mad dogs howling at the moon.”

Many young people and many parents attended the “Skate for Zach” event. It was there at the skate park that stories began to be told to us by parents in attendance: stories of frustration with a system that offers little guidance for parents, stories about kids in trouble, but unable to get timely help or appropriate programming. Parents were lining up to offer their condolences to us and to share their concerns and personal journeys.

Personal stories, from all over North America, continue to be shared with our family through cards, emails, letters, and personal contact. People are reaching out to our family, to share our grief and relate their fears, hoping to find answers to their personal quest. Do they not realize that we lost the fight? We have no answers! Nonetheless, these narratives chronicle a common thread – parents are desperate for guidance and assistance and there seems to be nowhere to turn.

This parent need for support and connection really hit home a few weeks after Zach’s death, when our family was in Waskesiu for a much-needed break. September 14, 2013 would have been Zachary’s seventeenth birthday. It was only three weeks after his death, and we knew it was going to be a tough weekend. We spent the time hiking, fishing, and telling stories, trying to find a place in our lives for our new reality. One night my husband and I went for a walk and discovered a poster in the window of a general store. It was a cry for help from a mother of a young woman who was an addict. Her poster highlighted her inability to assist her daughter because she was over the age of majority. She was calling for change to policy regarding those who are not capable of making good decisions for themselves, particularly those who are slaves to the high and victims of the drug culture. As I read the wavering words through my tears, I realized how parents are universally bound together in our attempts to assist our children in their times of need. Almost everyone I speak to has a story about addictions. Parents and grandparents are desperate for help, yet they feel unable to speak out or find direction. It is critical that someone respond to these distress calls. Should our family respond? Should we take it upon ourselves to spotlight this widespread need or would our action be

perceived as “mad dogs howling at the moon”? At that time in our family’s journey, we did not have a plan or an answer to these questions, but we did know that our society needed to stand up and take responsibility for our youth. Collectively we must find a way to help parents help their children. (Personal reflection, S. Reschny, 2013)

Orford, Velleman, Copello, Templeton and Ibanga (2010b) explained the complexities families face when dealing with addictions:

[F]amily members are faced with the substantial and difficult life task of how to understand what is going wrong in the family and what to do about it. It involves mental struggle and many uncertainties, in particular the central dilemma of how to respond to the relative whose drinking or drug-taking behavior is a problem. (pp. 40-41)

Parents and families require information to help them make informed decisions to respond to the drug use of a family member. Not only is the family’s health at stake, but also the potential recovery of the person with the substance abuse issue is affected by these choices. Lander, Howsare and Byrne (2013) stated:

Individuals with SUDs [substance use disorders] cannot be understood and treated effectively without considering the impact on the whole family. Addictions researchers have confirmed the reciprocal relationship between the disease of addiction and the environment. All persons influence their social environment and in turn are influenced by it. The family system must be factored into the understanding of the disease development and maintenance as well as be included in the efforts necessary for successful ongoing treatment. The earlier we can intervene in the progression of a SUD, the better the outcomes for all family members. (p. 204)

Early intervention and quality information are important for families who are dealing with substance abuse issues. From my perspective, this type of assistance is difficult to access in our community. Our family has paid a high price for our inability to take effective action with our child. Is it possible to create better support systems for families with substance use dilemmas?

Research Puzzle

Our family’s experiences with Zach’s drug use and resulting death have raised many questions for me. The many stories of frustration I have heard from struggling parents in the past few months have highlighted a need for answers. I question my choices and those of everyone involved in Zach’s attempted recovery. I question the lack of services available for teens and

families looking for help with drug addictions. I question the wisdom of privacy laws that keep health information from parents/caregivers, thereby relinquishing decision-making to the vulnerable, whose brains are foggy and driven by the very drugs they need to purge. Most of all, because I am an educator, I wonder what schools and educators can do to help families who are in need of direction. My puzzle for this inquiry centers on two questions:

1. What do parents perceive schools currently do to support families as they work through their child's drug issues?
2. What do parents believe schools could do differently?

Concluding Thoughts

It is three weeks before Christmas and our now smaller family is struggling with the season. Zach's funeral seems so far away, yet the shattering emotions are still very present, enveloping me at inopportune moments and unexpected places. Although, as individuals, we are beginning to move forward, our family has a huge hole that I foresee will never be filled.

Zach's friends continue to come to our home, catching us up on how they are coping and what is new in their world, and we continue to meet new people who Zach touched in his life and death. Many people have been strongly impacted by Zach's death and our family's appeals for change through his obituary, eulogy, and social media. Since our son's funeral, we have heard about dozens of young people who have accessed some type of assistance to help them positively move forward, often identifying Zach or our family's message for their motivation. One young man, who was suicidal and unable to cope with his issues at Zach's funeral, has 'cleaned up' and returned to school to pursue his dreams. We have heard rumors and stories of family interventions, "high level" meetings in the health region to discuss youth and addiction issues, and conversations in the community about how to help.

Unfortunately, I believe the shock, message, and momentum from our tragedy will only last for a short time. I wonder if our community will ever find the strength to take on this difficult issue. In his speech to Congress on December 1, 1862, Abraham Lincoln commented:

The dogmas of the quiet past are inadequate to the stormy present. The occasion is piled high with difficulty, and we must rise with the occasion. As our case is

new, so we must think anew and act anew. We must disenthrall ourselves, and then we shall save our country.

Lincoln was speaking about the abolition of slavery in the United States, but perhaps his words also apply to our community and our children who are slaves to drugs and the drug culture. Perhaps there is a way to save our children. Although it is gratifying to hear people talk with more compassion and less naiveté about youth and addictions, I wonder if and how authentic change will occur. (Personal reflection, S. Reschny, 2013)

This narrative inquiry is one response to a need for action.

Chapter 2

Methodology: Narrative Inquiry Chose Me

*Words are flowing out like
Endless rain into a paper cup
They slither wildly as they slip away across the universe.
Pools of sorrow waves of joy
Are drifting through my opened mind
Possessing and caressing me... Nothing's gonna change my world*
(From "Across the Universe," Lennon & McCartney, 1968)

Originally, narrative inquiry was just the subject of a class I was going to take, another type of research methodology to explore in my doctoral program. Having signed up to take this narrative inquiry class before our son died, I had to quickly decide whether to continue with my studies. Three weeks later, when the course was about to begin, I chose to continue with the class. After all, life is for the living, right? I sat through the first few classes, barely able to concentrate or keep my emotions in check, realizing that I would be required to write and share a personal narrative. I struggled for weeks to determine what story I would tell. Of course, the over-riding narrative crashing through my body and mind was one of personal tragedy and titanic emotions, and I really wanted to avoid that story. To circumvent the emotion, I hoped to work on something light and positive. I finally decided to focus on a tale from my oldest son's early school days and I went for a walk with our dog to begin the preliminary organization of my ideas.

When I returned from my 'drag,' I had a message on my cell phone from a distraught mother who had been at our son's funeral. She was looking for her son. He had not come home the night before and he was rumored to have taken "acid." I called her back and instantly recognized, in her desperate words, the confused echoes of my own initial questions and fears. She did not know where to begin to find help; she did not know where to call; she did not know who to trust. She called me because she knew I had been through it already and she hoped I could give her a small scrap of help and hope. It was then that I decided to tackle the 'big' story in my life, the one that had me weeping at my computer every day.

As a researcher, I believe that knowledge is fluid. It is our own interaction with ideas and the world that shapes our knowledge. I stand with Dewey's (1938) foundational assertion that experience is education. As we examine phenomena and relationships in our narrative inquiries, we use our personal and experiential lenses to seek out emerging patterns to create meaning for ourselves, and others. Our responses to these patterns are varied and diverse because, as human beings, we are particular, complex, and multi-dimensional. As narrative inquirers, we acknowledge that who we are and what we know. Our different life experiences and positionings, will shape the particular narrative threads we pull forward in the analysis and interpretation of the field text we gather in our research. I believe these perspectives add richness and depth to the outcomes of our inquiries and offer more complex ideas and questions to the field for further research.

My research puzzle was chosen from personal experience, from my life story as it unfolded for me, in the context of my family, and as it intersected with the stories of others' experiences with parenting a child using drugs. Because my story is strongly woven into the fabric of my lived experience with this topic, it seemed natural to embrace this personal knowledge and to examine my narrative alongside the stories and perceptions of other parent participants chosen for this study. Although our family's immediate struggle with addictions and drugs essentially died with my son, we are still in the midst of telling and retelling our stories, as many people approach us to share their stories, possibly looking for connections or guidance, for possibilities to retell and relive their stories with new hope and possibility (Clandinin & Connelly, 2000).

Shared stories of lived experience become valuable sources of information for those working with parents and families of young people involved in the drug culture. These stories speak to the very real fears, frustrations, and roadblocks facing families in crisis. Given that the stories are perceptual and subjective, each story speaks a truth and is heartbreaking. Taken together, these stories have the potential to shed light on or raise questions about systemic responses to families' needs for information and services for young people experimenting with or addicted to drugs.

Who Are Parents?

When I told my mom about my narrative choice for my research, she worried that it would be too hard and emotionally draining for me to attempt at this vulnerable time in my life.

When I explained my rationale and my conversation with the anxious mother looking for her son, my mom related stories about her conversations with the people she had met, who had passed on condolences over the past few weeks. It seems that grandparents are equally concerned and often tasked with taking on responsibility for their teenaged grandchildren in trouble. This resonated strongly with my experience as we tried to figure out an alternative living arrangement for Zach to get him out of his social group in Saskatoon. For families, whose relatives live in another center, this option, suggested by our counselor, becomes a reality and grandparents become intricately involved in looking for answers as well.

With this knowledge, I have chosen to define “parent” in my research as “any person who is engaged in the responsibilities and actions of parenting, whether that person is a biological or non-biological caregiver of a child, whether the caregiving arrangements are formal or informal, permanent or temporary, sole or shared” (Pushor, 2013, p. 11). The “parents” with whom I have conversed are the people who have been responsible for a young person who is or has been involved with the drug culture.

Narrative Inquiry

As educators, we hear and pass judgment on stories every day. Did the dog really eat the homework? Although some of the stories are improbable, and do not resonate with our perception of truth, many of the stories we hear connect with our experiences as human beings. Students and the families we serve often share their experiences, fraught with humour, excitement or anger. They recount these stories and try to make sense of their experiences from the past or in the midst of their lives. We, too, experience our lives and often relate these experiences to others through our stories. Narrative inquirers are interested in these stories and the lived experiences of the storytellers.

People’s lives and how they are composed and lived out is what is of interest. We social scientists are gossips on a grand scale, interested in observing, participating with, thinking about, saying and writing the doings and goings-on of our fellow humans.

(Clandinin & Connelly, 2000, p. xxii)

It is this fascination with the experiences of others that brings John Dewey’s (1938) connections between education and experience to the foreground. Narrative inquirers are interested in what can be learned from personal experiences and from the stories of others’ adventures and

challenges in life. Lal and Suto (2012) discussed the epistemological and ontological influences of narrative inquiry:

Narrative inquirers believe that humans communicate their experiences using co-constructed narratives that offer an epistemological portal through which experiences can be viewed and interpreted and then re-presented using storied forms. This approach is underpinned by the ontological assumption that humans organize their experiences, memories, life situations, and events in narrative form and as such the nature of reality is at least in part storied. (p. 7)

Recognizing that humans share their stories of experience, and embracing Dewey's notion of experience as education, narrative inquirers are encouraged to seek the narratives of others as educative places and possibilities. The stories people exchange "are a cultural resource that, in significant measure, give substance and texture to people's lives. In this sense, stories shape identity, guide action, and constitute our mode of being" (Smith & Sparkes, 2006, pp.169-170). As researchers, and as human beings, we can learn about different ways of knowing from other's experiences and from the narratives they share. I believe much can be learned from conversations with parents.

It is not only the common stories that can inform our practice as educators and researchers. Counterstories offer opportunities for us to pause, reflect and recognize experiences that are not within the norm. Huber, Caine, Huber, and Steeves (2013) commented:

Counterstories push against the dominant social, cultural, linguistic, familial, and institutional narratives that currently define, often in narrow and technical ways, that what matters most in classrooms, schools, and universities are not lives in the making but compliance, silence, and test scores... Thinking narratively creates possibilities for imagining counterstories; stories that hold tremendous potential for educative reverberations in lives, in and outside of schools. (p. 229)

By becoming more present to the many layers of counterstories in our communities, educators and researchers may become more open to possibilities that place students' and their families' experiences at the heart of change. "Understanding silent, or silenced lives as holding enormous possibility to shape and to live out counterstories creates awareness of the potential for humbleness and curiosity in our interactions, in school and university classrooms as well as

within communities” (p. 236). Narrative inquiry gives voice to the silenced and creates space where people can learn together.

In a narrative inquiry, narrative is both the method and the phenomena under study. According to Smith and Sparkes (2006), “Narrative is both a method of knowing and an ontological condition of social life” (p. 169). Within a narrative inquiry context, we engage in narratives to tell and listen to stories of lived experiences and retell our combined narratives emphasizing resonance and meaning (Conle, 1996).

Sarbin (1986) described narratives, the way we relate our stories, as a means of recounting the big ideas rather than factually recounting events:

The narrative is a way of organizing episodes, actions, and accounts of actions; it is an achievement that brings together mundane facts and fantastic creations; time and place are incorporated. The narrative allows for the inclusion of actors’ reasons for their acts, as well as the causes of happenings. (p. 9)

Life is lived, stories are told and retold, but as the lived experiences distance from the stories told, the essence of the story is what remains in the context of social and personal perceptions.

Narrative inquirers are more interested in the lived experiences and consequential understanding and meaning of these experiences than in the factual accounting of incidents or situations. Giovannoli (2000) commented:

Truth implies an objective reality, and the realm of narrative is the realm of subjective meaning. Narratives must be seen as interpretive, and the researcher as interpreting those interpretations. Narrative research does not aim at certitude, prediction, and control; it is about interpretation that is trustworthy and valid... (pp. 45-46)

Although I cannot remember the dates, times and exact conversations surrounding my experiences with my son, Zach, the spirit of the interactions, the feelings, and the essential truths for me, as his parent, are still clear.

Clandinin and Connelly (2000) discussed the complexities of narrative inquiry and outlined characteristics for the process:

Narrative inquiry is a way of understanding experience. It is a collaboration between researcher and participants, over time, in a place or series of places, and in social interaction with milieus. An inquirer enters this matrix in the midst and progresses in the same spirit, concluding the inquiry still in the midst of living and telling, reliving and

retelling, the stories of experience that make up people's lives both individual and social.

Simply stated... narrative inquiry is stories lived and told. (p. 20)

According to Polkinghorne (2005), "The experiential life of people is the area qualitative research methods are designed to study" (p. 139). He described experience as vertical in depth and suggested that to study experience, field text must consist of the participants' self-reports of the experience. The collection of field text, commonly referred to as data, is intended to "take account of the particular characteristics of the human experience" (p. 139). To this end, I chose to walk with my participants through deep conversations of their experiences and personal perceptions.

Stories people share are deeply personal, contextually, emotionally and perceptually. "Stories are not to be treated lightly as they both carry, and inspire, significant obligations and responsibilities: stories must be cared for as they are at the heart of how we make meaning of our experiences of the world" (Huber et. al., 2013, p. 214). For this research puzzle, I have not remained objective and neutral. Narrative inquiry turns away from objectivity and is grounded in an "understanding that knowing other people and their interactions is always a relational process that ultimately involves caring for, curiosity, interest, passion, and change" (Pinnegar & Daynes, 2007, p. 26). I chose narrative inquiry because I wanted to lay my story alongside the experiences and stories of others.

This inquiry is both academically and personally driven. My justifications are personal, practical, and social (Clandinin, Pushor & Murray Orr, 2007). For me, and for the other parents in this inquiry, listening to others' stories and trying to make sense of them temporally, socially, and personally may have helped each of us make sense of our experiences and choices. Practically and socially, this inquiry has the potential to positively impact the lives of youth at-risk and their families as they deal with substance use. It also has the potential to raise questions, awareness, and add to the sparse body of knowledge related to these complex issues. Lal and Suto (2012) commented, "Narrative inquiry is most often employed for the purpose of understanding human experience(s). The stories that people tell are the vehicles through which experiences are studied" (p. 6). How else do humans relate to others' experiences, but through story?

As I reflected on the stories shared with me by parents prior to this inquiry about their experiences and concerns for their children and regarding the complex parenting issues they face,

I recognized in these narratives multifaceted themes and opportunities to learn. I chose narrative inquiry because “[i]n thinking narratively we sense responsibilities and obligations to children, families, and communities. Seeing schools in these ways means that we need to imagine the significance and possibilities that our work as educators holds” (Huber et. al., 2013, p. 227). As educators and human beings, understanding in our lives evolves through experience and seeing the world through other’s narratives allows for alternative ways of knowing.

Connecting with others about my research puzzle through shared conversations has been truly enlightening, and, I believe, will offer educators insight into the needs and perceptions of parents struggling with their child’s drug experimentation or addiction, and will begin conversations for change in practice for schools and other services.

Inquiry Participants

Since Zach’s death, there have been numerous people who have contacted me because of their wish for conversation and a desire to tell their own stories of their teen’s experiences with drugs. I am amazed at the giving nature of our local community and overwhelmed with the offers of support, shared stories, and empathy we have received from friends and strangers from all over North America. As a result of the reaching out from others that I have experienced, I had a list of names of individuals who were interested in continuing to engage in conversation with me about their experiences as parents whose teens are using drugs or are involved in the drug culture. It was from this list of individuals and from other personal contacts that I invited participants to become a part of this narrative inquiry.

Because of the highly sensitive, confidential, and emotional nature of the conversations in which we would engage, it was important to choose contributors who already had some connection with me and with whom we each had some knowledge of one another’s family situation. “[N]arrative inquiry resides in the relationship of researcher and participant(s) who may also become co-researchers as the relationship evolves. It is through relationship that the co-composing of new lives for both becomes possible” (Huber et. al., 2013, p. 220). All of the participants of this inquiry reside in my mid-western Canadian city, home to about one-quarter million people. Our children moved between the two main publicly funded school systems – Public and Catholic. Because our schools enjoy open boundaries, students and their parents chose where they would attend. This freedom of schooling opportunities enhanced our

connections, relationships, and mutual understanding, as all of the children of the participants attended the same schools at some point in their journeys.

Beginning with a relationship of shared trust and confidentiality helped us engage in more relaxed and natural, open and honest conversations that lead to richer and more meaningful discourse. While there is not an attempt within narrative inquiry to be representative in the selection of research participants, I was conscious of selecting individuals whose experiences also differed from one another in ways that added breadth and complexity to the field text I gathered in this study.

Research Design

For this inquiry, I invited as participants three single parent or parent partners from families who had already reached out to me through email, personal conversations or personal connection. Each participant was asked to participate in a series of audio-recorded conversations, over a two-year period, regarding their experiences dealing with their child's or children's drug usage, with a focus on the role of their school in their experiences. The conversations took place in a location chosen by the participants, one that ensured a safe, comfortable, and confidential environment conducive to the personal nature of the conversation. Each conversation was one to two hours in duration. Because the voice and substance of their narratives defined subsequent research text, participants were invited to review their transcripts and their written stories to ensure their scripted story was an accurate representation of their experience and that their meanings had been honored. I also asked participants if they were willing to share artifacts brought up in our conversations. These artifacts took the form of correspondence, letters, memory books, or other items relevant to their stories. The shared items were added to my field text and provided additional dimension and depth to the participants' contributions. I also offered participants the opportunity to share their ideas and insights through a journal, either written or recorded. Although none of the participants chose to write in a journal, two of the participants sent me emails and texts as they continued their parenting journeys.

Additionally, my voice and experiences contributed to the field text of this inquiry. "Narrative inquiries are always strongly autobiographical. Our research interests come out of our own narratives of experience and shape our narrative inquiry plotlines" (Clandinin & Connelly, 2000, p. 121). Participating in conversation and listening to parents' stories definitely

evoked personal memories of my own, emotions, and new ideas about this complex issue – whether from my lens as parent, educator, or human being. These personal perspectives were noted and reflected upon as I moved from my field notes to my research text.

From Field Text to Research Text

Moving from the conversations into research text requires a “shift from the intensity of living stories with participants to retelling stories through research texts... As we move from field texts to research texts, our field texts are the texts of which we ask questions of meaning and social significance” (Clandinin & Connelly, 2000, pp. 129-130). Reading and re-reading field texts provided space to see “patterns, narrative threads, tensions, and themes that shape field texts into research texts” (p. 133). According to Glesne (1999):

Data analysis involves organizing what you have seen, heard, and read so that you can make sense of what you have learned. Working with the data, you describe, create explanations, pose hypotheses, develop theories, and link your story to other stories. (p. 130)

Because field texts are not constructed with “reflexive intent... [t]he move from field text to research text is layered in complexity” (Clandinin & Connelly, 2000, p. 132). In the end, it was my interaction with the participants and their stories, and how their experiences intersected with my own, my research puzzle, and the scholarly literature that determined the direction of the research text. I conferred with my participants, supervisor, and the scholarly literature as I engaged in analysis and interpretation to triangulate my findings and make sense of the emerging patterns, themes, and evolving questions.

Ethical Considerations

Because narrative inquiry involves the stories of people, their lives, and their experiences, I felt ethical considerations could potentially shape the direction of conversations and my choices of what was revealed in the resulting research document. Carolyn Ellis (2007) discussed the complexity of ethics within the context of qualitative research and outlined three dimensions of ethics: procedural ethics, situational ethics, and relational ethics.

Procedural ethics. Procedural ethics “deal with informed consent, confidentiality, rights to privacy, deception, and protecting human subjects from harm” (Ellis, 2007, p. 4). After obtaining ethical approval for my study from the University of Saskatchewan Behavioral Research Ethics Board and before any research conversations occurred, I obtained informed

consent from participants on an individual basis. The *Tri-Council Policy Statement 2: Ethical Conduct for Research Involving Humans* (2014) explained, “The consent process should be based on mutual understanding of the project goals and objectives between the participants and the researcher” (p. 140). I fully described the research process, both verbally and in writing, as part of the consent process, paying particular attention to how I intended to protect their anonymity and confidentiality. I ensured that the participants understood that their contribution to this inquiry was entirely voluntary and that they could choose to eliminate parts of their contribution or leave the study at any time, without reason or without penalty of any sort. All of the participants remained with this study.

After each recorded research conversation was transcribed, I used the transcripts from our conversations to structure their story. Later I met with them again to ask them to review this narrative for accuracy of details and essence. Because participants were sharing sensitive and possibly emotional stories, I wanted to ensure they had the opportunity to add or retract any or all of their contribution at any time. When they were confident that the text reflected accurately, and in accordance with their intent, their stories of experience, I asked them to sign a release form allowing this field text to be used in the inquiry.

Anonymity and confidentiality throughout the entire research process was an important ethical consideration, especially due to the emotional nature and sensitivity of the conversations that occurred in this inquiry. Every possible precaution was taken to protect participants from harm, as well as all individuals who appeared as characters in their narratives. Precautions I used included the use of pseudonyms for the participants, their children, the schools that the children attended, and all particular individuals named during the recorded conversations. Further, to protect anonymity, identity of individuals was masked when necessary, by changing storied details, such as age, gender, or physical description, details which did not affect the story’s meaning or intention but protected an individual from any potential identification and/or harm.

Additionally, because my narrative involved my son and my family, I asked for my husband and my two sons’ consent to move forward. I spoke with my husband about sharing our story and he encouraged and supported this decision. My sons, ages 19 and 21 at the time I requested their informed consent, were also in support of this inquiry. Because I am their mom, I was concerned my sons would agree to have me conduct this narrative inquiry even if they felt uncomfortable. To counter this, I asked my husband to speak to each of them, giving them the

opportunity to voice any concerns or questions they may have without worry for my feelings. Additionally, a nurse from Mental Health Services, who has a relationship with my sons, also inquired about their informed consent regarding this research.

Zachary's story is already well known due to our family's decision to speak of his addiction issues in his obituary, the eulogy, and subsequent media features. I am aware of the possibility that others, who have not given consent, may be identified through my story, and I have taken all possible precautions to protect their anonymity and to protect them from harm, even if it meant eliminating sections of relevant information. This inquiry is not meant to assign blame or cause discomfort, but to bring to light possible solutions, new questions, and better understanding of the parental experience based on my own and my participants' narratives.

Situational ethics. Ellis (2007) described situational ethics as "the kind that deal with the unpredictable, often subtle, yet ethically important moments that come up in the field" (p. 4). Recognizing the sensitive nature of the topic of conversation, I had contact information for counselors available to share with participants who were looking for direction or emotional support. From our conversations, I learned that all of the participants had already accessed counseling at some point during their journeys and therefore had connections for this service. As far as I know, no one accessed these services as a direct response to our conversations.

Relational ethics. According to Ellis (2007), "Relational ethics recognizes and values mutual respect, dignity and connectedness between researcher and researched and between researchers and the communities in which they live and work" (p. 4). The topics of conversation were emotional for all concerned. I am still grieving my son, so I needed to be cognizant of my responses and how they affected the participants. I also wanted to be conscious about how the participants were feeling about their engagement in this inquiry. I wanted them to feel strengthened by their contributions, and know their voice was being honored. Trust is important to me and I worked to ensure my participants felt safe, comfortable, and valued at all times by being thoughtful of how I used the stories, ideas, and feelings that were shared in our conversations. "Our studies should lead to positive change and make the world a better place" (p. 25). I worked hard to ensure this inquiry process was beneficial for all collaborators and the community in which we live.

Recognizing that relationships and trust would be built with my research participants, I attended with care to negotiate and define the parameters of entering into and exiting from these

research relationships. “Though highly variable from person to person and place to place, narrative inquiries do end, at least in a formal sense... It is critical to the trust and integrity of the work that researchers do not simply walk away” (Clandinin & Connelly, 2000, p. 74). This research process had many transitions, from conversations to text, and from personal, social contexts to more practical frameworks. I was vigilant to relational needs, especially during transitions. Because each relationship we have is distinctive, my relationship with each participant required my individual care throughout the process.

As I created the research text, I needed to consider how to share the collaborative narrative. Although I wrote a dissertation, I am also looking at other opportunities to share this narrative inquiry experience. Recognizing that the participants’ decisions to involve themselves in this research project may be socially motivated, I discussed possible dissemination options with them and invited their suggestions as well, thereby sharing the power to make decisions to affect change. It is our collective stories, experiences, and perceptions that have informed and guided the research so I wanted them, too, to have an opportunity to have their voices heard.

Chapter 3

Actuating This Narrative Inquiry

*The long and winding road
That leads to your door
Will never disappear
I've seen that road before
It always leads me here
Leads me to your door*

(From “Long and Winding Road” Lennon & McCartney, 1970)

I was incredibly nervous to meet my first parent participants. I had looked up their address on Google Maps, to be sure I knew where I was going, yet uncharacteristically, I still got mixed up and lost my way. I usually have a pretty good sense of direction, but that day I was unfocused and scattered. My tension and anxiety lived on a few levels, probably somewhat related to the lack of control I had felt over the past few years.

When your child is born, there seem to be endless possibilities for their life and for the life you will have together. You hold them, protect them, and nurture them to the best of your ability. As they grow, life becomes more complicated. There are so many decisions to be made: bottle or breast, cloth or disposable, stay home or go to work, to name only a few. When my children were babies, the decisions seemed to be easier. There seemed to be more information available to inform our choices, but as my children grew, conflicting information from various sources made the parenting role a bit harder. My husband and I deliberated every important parental decision. We weighed the pros and cons and then moved forward as a team. Unfortunately, children can be complicated, and we had some pretty big complications to work through with all of our children, due to exceptionalities and mental health. So, we did the research and chose, what seemed to be, the most logical paths. Twenty years ago I believed I would be a good parent, now I am not sure. Now, I am not really sure of anything. To say my overall confidence has been shaken through our family ordeal is an understatement.

As I drove, literally in circles, I questioned my sanity regarding my research path and even my choice to continue with my studies. Reflecting on that day, I have realized there were

three main themes connected to my uneasiness; my inexperience with narrative inquiry as a research methodology, my overwhelming personal grief, and my concern for the participants.

First, although I enjoyed the narrative process, it was a bit out of my comfort zone as a researcher. Although I have been told I am a very creative and big picture person, I like structure and organization. It gives me comfort and helps me feel in control. When I mentioned my self-discovery to a friend, she laughed saying, “Are you saying you have just figured that out about yourself?” Actually, it was a bit of a surprise, considering that as a child, my bedroom and desk were always a huge mess, and my report cards referenced a need for organization. Perhaps structure has been a coping mechanism that I have developed over the years.

I felt very confident when I did the research for my Master of Education thesis in 2008. Although I had connected with parents in that qualitative study as well, I had chosen to utilize semi-structured interviews. I felt safe because I had a guide and I knew exactly where I was going. The methodology I had chosen this time was totally different and I wanted to be sure to follow the narrative inquiry path. I felt an overwhelming desire to simply say, “Here are my questions! How did the schools help you? What should change?” But I knew this process needed to be more organic. I knew that each story the families chose to share would speak to their perceptual truths about their experiences and would potentially highlight connections and themes that I had not considered.

I struggled to find the language and relational position to accomplish the task I had set for myself, and for those who agreed to journey with me. I wondered if I would be able to guide our conversations toward my research questions without losing the integrity of what the parents saw as important or if I should even direct the conversation at all. In the end, our conversations became dialogues that wandered through time and jumped from one emotionally charged event to another with a smattering of structured direction and re-direction.

My choice to proceed with a narrative inquiry methodology also may have left me open to criticism. Ings (2014) discussed the complexities of assisting students with research projects that “draw on navigations of self” (p. 675). He commented, “Accusations of narcissism and solipsism are often leveled at researchers who employ this approach in the design of their PhD theses... the candidate can end up defending themselves instead of the work” (p. 679). By nature, narrative inquiry includes the researcher as it weaves the layers of stories together, but frankly, I could do without some of this self-analysis; it was very painful and exhausting. Is it

really narcissistic to connect with your research? Doesn't all research come from a researcher's personal choice to find resonance and patterns to create meaning?

Second, dealing with personal grief was also new for me. Aside from my grandparents, Zach's death was really the first time I had experienced the death of a close family member. Grief, for me, has been an overwhelming emotional state of being. Stephanie Ericsson's (1993) book described grief as I have definitely experienced it since Zach's death, which, at that time of my first participant conversation was just over a year earlier. Ericsson wrote:

What is there to say about grief?

Grief is a tidal wave that overtakes you, smashes down upon you with unimaginable force, sweeps you up into its darkness, where you tumble and crash against unidentifiable surfaces, only to be thrown out on an unknown beach, bruised, re-shaped, and unwittingly better for the wear.

Grief means not being able to read more than two sentences at a time. It is walking into rooms with intentions that suddenly vanish. Grief is three-o'clock-in-the-morning sweats that won't stop. It is dreadful Sundays, and Mondays that are: no better. It makes you look for a face in a crowd, knowing full well there is no such face to be found in that crowd. Grief is utter aloneness that razes the rational mind and makes room for the phantasmagoric.

It makes you suddenly get up and leave a meeting in the middle, without saying a word. Grief makes what others think of you moot. It shears away the masks of normal life and forces brutal honesty out of your mouth before propriety can stop you. It shoves away friends- scares away so-called friends, and rewrites your address book for you.

Grief makes you laugh at people who cry over spilled milk right to their faces. It tells the world that you are untouchable at the very moment when touch is the only contact that might reach you. It makes lepers out of upstanding Citizens.

Grief discriminates against no one, it kills – it maims – it cripples. It is the ashes from which the phoenix rises, and the mettle of rebirth. It returns life to the living dead. It teaches that there is nothing absolutely true, or untrue. It assures the living that we know nothing for certain.

It humbles. It shrouds. It blackens. It enlightens. Grief will make a new person out of you if it doesn't kill you in the making. (pp. 7-8)

Every time I have to speak about Zach, I worry that my carefully placed mask will slip, that the tidal wave that Ericsson referenced will envelop me again. Although society teaches us to control or temper emotions that could cause others to feel uncomfortable, grief seems to complicate that ability and I never know what could set me off. As a researcher, I was concerned that I would become emotional, which I felt would cause discomfort for my participants. Relational ethics (Ellis, 2007) place value on dignity and respect, yet I was afraid that I would become a blubbery mess. I did not want this experience to be uncomfortable for any of us; I wanted it to be cathartic and rejuvenating for all.

I was also concerned for my personal, emotional wellbeing. I did not want to complicate my healing process, which has been a complex and difficult road so far. Feigelman, Jordan and Gorman (2011) described the bereavement challenges of parents losing their children to drug overdoses or drug related deaths. They found that “overdose death parent survivors experience substantial levels of “psychache” associated with the traumatic deaths of their loved ones and usually confront elevated levels of stigmatization accompanying a drug overdose death” (p. 312). Although I was not concerned about stigmatization or judgment with the parent participants, complicating an already challenging healing process was something I considered.

Ings (2013) discussed the potential personal issues and academic judgment surrounding a narrative inquiry. He explained:

I often find that students engaged in self-search inquiries underestimate the emotional cost of the research... Because autobiographic theses contain personal elements, candidates must be prepared and able to separate critique of the manner and quality of discourse from criticism of the self. (p. 681)

This work has been very personal, but I believe that over the past few years, I have critiqued and judged my decisions and choices in a much less constructive way than anyone outside of my head ever could. However, the continuous reflection has definitely been draining, and I realized I may have, as Ings (2013) suggested, underestimated the emotional cost.

I have been asked, many times, if this writing experience has been a healing journey for me. I never know what to say. I began this process because I strongly felt that someone needed to speak out for the parents of drug users, someone needed to tell their parenting story of frustration, pain, and loss. I believe this step is critical to change. But as time passed, and I

continued to analyze the minutia of our tragedy, I wondered if I was prolonging the “psychache.” The following personal reflection may illustrate my concern:

I have just spent the past twenty minutes ranting to my husband. I am so sick of examining this tragic, senseless part of my life. The pain is overwhelming and I can't seem to see through this emotional wall of darkness. I am so tired that it's hard to write; I just can't find the words anymore. This process is unbelievably exhausting, but I have to stay focused so I can stop this cruel, self-imposed reflection. I need to hurry up and finish before I go crazy. I crave the light. I want to quit so badly, but I am just too stubborn. I have already come so far and I need to finish this foolish journey, for myself and for those who are sharing their stories with me. Crap, why do I have such a conscience and this drive to finish what I have started? I should just run away and join the circus! Wow, that's cliché! Okay, I'm done. I guess I'll wipe my tears and make a salad for dinner. The boys will be home soon. (S. Reschny, Personal reflection, 2015)

Personally, I also wondered about how I would feel when listening to the stories of people who were fighting the battle I had lost. Reading an article written by Usher, Jackson and O'Brien (2007) helped me better understand this concern. They stated:

Unfortunately, some of the participants of this study were also left to grieve the death of their adolescent due to substance abuse behaviour. These participants described not only the loss of the hope for their child's future but also their own feelings of despair at being helpless when faced with the substance problem experienced by their child. (p. 427)

I realized the feelings of despair and helplessness they reference were reasons to move forward, to continue with this inquiry. I drew strength from that recognition and hoped that it would be enough to keep me focused and composed. I wondered if this journey would help or hinder my recovery.

Finally, I was concerned for the parent participants. Through my reading I had come to understand I was, unfortunately, not the only grieving participant in this inquiry. Usher et al. (2007) interviewed parents of young people who had developed drug-related issues. They explained:

Parents raise their children with many hopes and expectations, but for the parents of these young adolescents, the dreams were shattered. As a result, the parents grieved for the

child they knew and for the adult they had expected their adolescent to one day become.
(p. 427)

After Zach's death, Sally reached out to me in an email. Her words clearly portray her feeling of loss for her son. She wrote:

I cannot even imagine the loss you are feeling at this time, but I did want to reach out to let you know there are other parents that have struggled and are struggling with these addictions. I feel that the majority of Buck's teenage years were stolen from me as he turned into this stranger that I no longer recognized... Although my son is still within communication, believe me when I say that I grieved the loss and continue to do so for my son... I do not, in any way, want you to think that I know what you're going through, but I do relate to many of the struggles that you must have gone through. I have had many sleepless nights thinking about you and your family... I just wanted to let you know that there are others out there that have and are struggling with teenage addictions. I would be more than happy to meet if you ever need someone to talk with or just to listen. (Personal email, September 23, 2013)

All of the parents in this study were potentially grieving for the child they knew, for the teen years that could have been, and for their futures. I was concerned that the parents in this study would be looking to me for answers, suggestions and hope. My situational, ethical (Ellis, 2007) concerns centred on the fact that my family had not been able to help our son. We had not been able to find him suitable care, and I hoped the parent participants would be able to find better avenues of support for their families. Although I had contact information for counselors on hand, I also had lived the nightmare and knew my knowledge was woefully inadequate.

That day, I eventually found the correct address and met with my first parent participants. Despite my concerns, the conversation was rich and enlightening. The following is my reflection from that first meeting:

The meeting started out a bit stilted, probably my fault because of my nerves, but once we really started to talk, it was clear that we had a lot to share. It was bizarre to listen to my story, our family's story, being told from someone else's lips. The parallels between our experiences were truly astounding. The meeting was emotional, yet detached in some ways. All of us had tears in our eyes at some point, but we were all pragmatic about our choices and the choices our children had made.

I realize I have traded emotions in my world: panic for grief, uncertainty for sorrow, but the anger and frustration still remain. Life is sometimes easier now in many ways; I no longer live in fear, but I no longer have that glimmer of hope for the possibility for change or that a few dreams for my Zachary may someday be realized. I pray that these families find help for their children. (Personal reflection, S. Reschny, 2015)

After meeting with all of the parent participants in this inquiry, I realized that I actually did have reason to be nervous, but I was able to handle the challenges. I did have moments where I lost my composure, but our shared experiences seemed to negate the issue. There were times when I was asked for advice, but I believe I handled the situation ethically, by sharing contacts, stories about what I had read or experienced, and reiterating that I, too, was looking for answers.

As I reflect on those first meetings, I recognize the importance of this inquiry. My family's story is not unique and there are many issues that need to be addressed. Families should not have to go through this pain and the stories these families have shared illustrate a need for change. These courageous parents continue to fight for their hopes and dreams for their children. Hopefully, those dreams will be realized in some small way.

Reliving, Sharing, Retelling and Writing

Have you ever begun to watch a movie after the halfway point? The action is already in full swing and you struggle to make sense of characters' motivations and choices. Missing the set up and the requisite foreshadowing leaves you feeling muddled and unsure about the driving force behind the rapidly unraveling story. You have a vague sense of what is happening, but your viewing experience is an exercise in 'playing catch up.'

As a parent, I definitely missed the beginning of Zach's story of drug use. Realization was gradual, like hearing bits and pieces of a movie playing in the background, but I had no idea what his story was really about, or how it had begun. When I finally realized watching this movie about Zach's hidden life was imperative to his safety, I could only speculate about the beginning, looking for clues within the already intense action.

Chase (2007) discussed how narrative inquirers approach stories "as a distinct form of discourse" (p. 656). She explained:

Narrative is a way of understanding one's own and others' actions, of organizing events and objects into a meaningful whole, and of connecting and seeing the consequences of

actions and events over time... Unlike a chronology, which also reports events over time, a narrative communicates the narrator's point of view, including why the narrative is worth telling in the first place. Thus, in addition to telling what happened, narratives also express emotions, thoughts, and interpretations. (pp. 656-657)

In my mind, I have told and re-told the story of our parenting journey with Zach over and over, searching for meaning and clues within the spaces and layers of my knowledge of events as I experienced them. My husband and I continue to wonder where everything went wrong.

The human drama disclosed in the parent participants' stories mirrored the intensity of a tragic movie produced by Hollywood. I found it interesting that all of the parents in this inquiry commented that they were mixed up with their timelines. They remembered their responses to individual incidents clearly, but the factual details of time and place were fuzzy. I thought that I was the only one that could not separate and delineate occurrences from a blur of emotional turmoil.

The participant parents' stories are grounded in the midst of action, second-guessing and speculation. Like me, these parents were, and still are, trying to make sense of the children's choices. It was a struggle to organize the memories they had shared. I felt I needed to portray their narratives, as authentically as possible, so I looked at various creative ways to frame their words. In my search, I came across a website that explained how to write a screenplay and considered this format as a possible solution. Wikihow.com offered an outline for a screenplay synopsis that seemed plausible, but I was unsure if this style would truly do justice to the stories that had been shared. The beginning of the outline stated:

Act 1 Summary

In no more than three paragraphs, set the scene for your story. This will include an introduction to the main characters and to the conflict that will drive the narrative.

("Screenplay Synopsis Template," n.d.)

The conflict that drove all of these parents' narratives was their children's drug use, but that was just the obvious issue. There were so many facets to their stories. I wondered if I could use this format to fully illustrate this complexity? The outline continued:

Act 2 Summary

This is usually the longest section of a screenplay synopsis: up to eight paragraphs. Here you will build the action until it reaches the critical moment when the main characters' lives are changed. ("Screenplay Synopsis Template," n.d.)

So when would that be for me? When did our lives change? My life was changed with the birth of each of my children. Should I choose the moment when Zach was diagnosed with a possible brain tumour? How about when I found out he was taking drugs? When our family couldn't find the help we needed? When I found him dead in his bed? Obviously this was going to be problematic, but out of curiosity, I took a look at the final section of the synopsis:

Act 3 Summary

Here you should add the conclusion of the conflict and resolution to your story. This should include a few lines about what happens to the main characters after the "action" is over. Some writers choose to add both a short "teaser" ending and a longer "actual" ending as separate paragraphs, but doing so is optional. ("Screenplay Synopsis Template," n.d.)

Conclusion? Resolution? The parents' stories revealed that they were still dealing with their issues, so this section could also be a bit tricky. What would I write for the conclusion to my story? My ending "sucked!"

As I struggled to structure the shared conversations, I began to fully appreciate the complexity of each family's situation. Although the screenplay synopsis was not a good fit, I decided to try the actual screenplay format, using creative license to suit the needs of this inquiry.

FADE IN:

EXT. FAMILY HOME — EARLY EVENING

On a quiet street in a middle-income, urban neighbourhood.

DISSOLVE TO:

INT. FAMILY HOME

Three people are sitting at a dining room table.

SUSAN, a middle aged, doctoral candidate, shuffles through papers.

SUSAN

Here we go. If I put this recorder in
the middle of the table, it should work.
So the consent form basically says...

A CHILD, about 6 years old, enters and SALLY, a pretty mom,
hustles the child into the kitchen and returns with glasses of
water for the table.

SUSAN

So, tell me about your family.

SALLY

Would you like us to start with Josh or
us right now?

SUSAN

Let's start with the two of you.
Where did you meet?

SALLY

We met through my cousin, actually.

DISSOLVE TO:

This whole process just seemed wrong; I didn't feel comfortable simplifying these complex and traumatic life stories. For some reason, this format seemed trite and disrespectful to me. I went for yet another walk with my husband and our new dog to clear my head.

Choosing how to retell these narratives has been a truly difficult experience. It has been this retelling that has taken the lion's share of my writing time, because I have felt so much responsibility to do it justice. I am humbled by these individuals, who have so generously offered to share their parental journeys with me. I wanted to ensure that I was being respectful and authentic in my retelling of their narratives of frustration, joy, and grief. These parents are truly generous spirits and I wanted to honour their gifts.

In their book, *Troubling the angels: Women living with HIV/AIDS*, Lather and Smithies (1997) discussed this need to tread softly and respectfully. They commented:

[Our book] walks a fine line between making a spectacle of these women's struggles and a wanting to speak quietly, with respect, with all that it means to tell the stories of people willing to put their lives on public display in the hope that it will make it better for

others.” (p. xiii)

As I struggled to find a framework for the parents’ narratives, I realized that my conundrum lies with my unwillingness to make these families’ lived experiences a spectacle. To that end, I have left out some of the details of their experiences, and I did not always ask the burning question or clarify every comment. I accepted what was offered and I hope I have conveyed their contributions with grace. Every one of these courageous people offered their voice to make a difference and to affect change, not to create a drama.

For the most part, listening to the stories the parents related was like watching disjointed scenes from a complex movie plot. They were multi-faceted, moving backward and forward through time as the parents worked through their many puzzles. As I struggled to come up with a framework to share the parents’ narratives, I recalled Polkinghorne’s (2005) reference to the vertical depth of experience. Clearly, a chronological, factual approach was not going to work, so I looked for common threads of experiential layers within the stories of all four families.

As I searched for a context to guide my writing, I turned, once again, to the foundations of narrative inquiry for possibilities. Caine, Estefan and Clandinin (2013) discussed the intricacy of relating and connecting to the research puzzle. They commented:

From a narrative view of experience, we attend to place, temporality, and sociality within our own life stories and within the experiences of participants. Within this space, each story told and lived is situated and understood within larger cultural, social, familial, and institutional narratives. Narrative inquiry is marked by its emphasis on relational engagement, whereby the understanding and social significance of experience grows out of a relational commitment to a research puzzle. (p. 577)

With this in mind, and after much reading, re-reading, and re-writing, I realized that all of us related narratives situated in three main spaces: stories of family and parenting, stories about school, and stories about searching for assistance within community services. Each of the following three chapters introduces one family and relates their experiences within these distinctive spaces.

Chapter 4

Sally and Phil

Sally and Phil were the first parent participants with whom I met for the purpose of this inquiry. After Zach's death, Sally reached out with the email I have already referenced. She also told me she had gone to the local skate park for the "Skate for Zach" event, but was late and everyone had already left. A few months later, Sally saw the "Skate for Zach" stickers in our family's art gallery at the local mall, and spoke to my husband. It was through this conversation that she learned about my proposed research and immediately offered to participate, leaving her contact information. Phil later agreed to share his perspective as well.

Connecting with Sally and Phil

Sally is the mom of one of Zachary's skateboarding friends. Although they went to different high schools, I believe that Zach really began to connect with Buck in their Grade 9 year. Buck was an excellent skateboarder. He had been sponsored by one of the local skateboard shops and Zach, who was also pretty good, aspired to receive sponsorship as well. Both of the boys spent a lot of time at the local skate parks, practicing and perfecting each skill, while attempting to capture their prowess on film, a requirement for the sponsorship process.

Although Zachary spent time with Sally's son, Buck, Sally and I had never spoken until our boys got into trouble, the day she sent her son to Alberta and Zach began his final 28 days toward sobriety. I initiated the phone call, that day. My husband and I felt it was important to speak to Buck's parents about what our two boys were up to and to explain that we were going to be speaking, rather sternly, to their son. As I dialed, I did not know what to expect, but Sally told me she was so happy that I had called and we connected as moms. She recalled, "You know what? That was the most appreciative I've ever been with a phone call, when you phoned me... just to let [me] know what was happening. You know, there are a lot that would just rather pretend."

At the time, it was refreshing to talk on the phone with someone who was going through what we were, who was trying to stay sane amidst the madness of what was happening with our children. My husband also spoke to Phil, to discuss an appropriate course of action. Although

that conversation with Sally was brief, I felt that my husband and I were not alone in the war, and that we were not the only parents fighting for our child.

Stories About Family and Parenting

Sally became a teen mom at 17 years old. Despite the challenges she faced, Sally completed her Grade 12. Sally and her baby boy, Buck, “faced the world together.” In 2007, Phil joined their exclusive little family. Phil came to Canada from the United Kingdom to work as a consultant in the mining industry. He and Sally met on a blind date, set up by friends and family, and two years later, when Buck was almost 11 years old, they married and Phil became a parent as well.

Sally described Buck as an easy baby who developed a very sensitive temperament. She commented:

Buck was so sweet, even as a baby, he was easy to take anywhere. He was mainly around adults and spent most of his younger years with his mom, grandma, and his auntie. [He had] a very sensitive temperament. He was never one to raise his voice or have temper tantrums, but he always felt things deeply. He didn’t seem to like change; whether it was a special holiday or a class trip or an appointment, he would complain about having a sore stomach and become distressed.

Although Phil is not Buck’s biological father, both Phil and Sally consider Phil to be Buck’s dad. According to Sally, Buck’s biological father has not been a significant part of Buck’s life. She commented:

Buck’s biological father was in and out of Buck’s life at his convenience. There was a period of four years, ages two to six, where there was no contact. Up until recent years, their relationship was very casual. Buck would spend the odd summer break, visiting with his [biological dad], his wife and their four children. [Buck’s biological dad] was never there to give advice or support during his younger to preteen years.

As Buck grew older, it became apparent that he was talented and driven in many areas of his life. Sally explained:

Buck excelled at everything that he tried, especially when he put the effort in: school, sports...everything. He was a perfectionist. Whether it was skateboarding, learning a new trick, snowboarding or soccer, he practiced excessively because he had to be the

best. He had to put in 100 percent. He was always that kid that wanted to be the best and took great pride in his accomplishments. Being a perfectionist did not make him a good loser!

Sally and Phil encouraged and celebrated Buck's achievements. As mentioned earlier, Buck was a talented skateboarder, so for years, Phil and Sally spent hours with him at skate parks to keep him safe and to actively support this passion. They reminisced:

Phil: I spent a lot of time at the skate park when [Buck] was younger... We would go early in the morning when all the older skaters were out. They would give Buck tips and help him with his tricks. He loved being included.

Sally: I used to take the little ones to watch him at the skate park.

Phil: There's a whole range of people there.

Sally: We would pack a picnic and watch them skateboard for hours.

As Sally and Phil reminisced, they spoke of the joy they found in their parenting experience. However, parenting can also be challenging, especially when a child is going through a period of transition, and adding a new father, and soon after a new sister, is quite a change. Sally and Phil's conversation moved to this transition time, when Buck was about 12 years old and Sally was pregnant with their first child together. Phil remembered:

[Buck] just didn't appear overly excited by the whole thing... A whole combination of events [affected Buck], and also, correct me if I'm wrong, there was also more, of a break down with his relationship with his real dad as well at that time.

Both Sally and Phil questioned their parental choices for Buck during that year. They commented:

Sally: You can always say, "God we shouldn't have done it that way," or, "Why the hell did we do that?" When I was pregnant with Lily, Buck's bedroom was upstairs, and we thought maybe it would be good for him to have some extra space and stuff, so we renovated the basement to give him a space of his own... We wondered, "Who wants to be around a crying baby all the time?"

Phil: It was a horrible mistake.

Sally: In hindsight.

Phil: He may have felt like he was being driven downstairs, as opposed to what we thought – saving him from years of being woken up by a screaming baby. It may have been the opposite.

Susan: Did he ever say anything?

Phil: No.

Sally: But he never would. Buck kept everything bottled up. He never expressed any upset or anger.

Phil: No, that was the problem; he never said anything about anything.

Sally: You could see that he had a lot of anxiety.

Phil: In ten years of knowing Buck, I have never [witnessed] him actually come up to somebody, you, or maybe me, or anybody else and say, “Look I don’t really like this,” or “I’m really unhappy about this,” or anything... He must have at some point said something to someone, but I don’t recall it... I remember distinctly at the time saying, “You’ve got two options. You can either stay up here and it’s going to be noisy and you’re going to be waking up at night... or we can turn your room into another spare room and we’ll put the baby into the small [bedroom] and then you can have a nice space downstairs.”... But he never said anything, even though we asked him continuously, “Okay, is this what you want? Is this what you want?” He said, “Yes and yes.” But, in hindsight, when I think back on it, he wasn’t really that overly excited at the beginning, and we didn’t really pick up on that well enough or we just kind of brushed it off. I was probably the ‘most guilty.’

Two years later, Phil and Sally added a daughter, Lily, to their family. I thought back to their story about joining Buck at the skate park. Remembering their picnic story, about bringing both of the babies to watch him skate, I suddenly realized that they had also spent time there with Buck as a teenager.

Parenting a teenager is very different from parenting a young child, and Phil and Sally had some very specific guidelines. They explained:

Sally: [Buck] was never allowed to have a sleep over and he was never allowed to stay over at anybody else’s house... [Also,] what is that with parents that let their kids drink under age and actually let their friends come in with booze because they are

in their house and they can watch what they're doing ... I don't understand that at all.

Phil: A lot of times though, Buck did not really want friends to come around, because they wouldn't be able to have a beer or something. I mean, I have no problems with giving my own children alcoholic beverages in the house under supervision at 15, 16, 17, but I will not give anybody else's children [anything like that] under age... It's not your right, even if the parents give permission. I'm not willing to take responsibility of somebody else's [underage child] drinking in my house.

Despite Sally and Phil's protective attitude, and engagement in their son's life, Buck found himself on a destructive path. Although they questioned their parental choices, they also looked to influences, outside of their small family, as possible reasons for his initial drug use.

Soccer Fun and Politics. Sports are a large part of many families' leisure time, and like many young people, Buck became involved in organized sports from a very young age. His sport was soccer. Buck learned how to play soccer in his community, but because he was so good, it was recommended that he move into club soccer, where the competition is much more intense. Sally remembered her sensitive young son's worry and concern about club soccer tryouts. She recalled:

Well, when Buck was in community soccer and they told him that he should try out for this private club, he was kind of excited about it. The night before [the tryouts,] his stomach started hurting. At the tryouts the next day, he did not register. We spent the whole time sitting outside the soccer pitch. He just said, "I can't do it!" He was just anxious and stressed [because it was] change and I just think he was overly sensitive. He was definitely overly sensitive, and we often chalk it up to him growing up, mostly around women. He just didn't have a really strong male role model at all, which I thought maybe could have played a factor. I don't know... But in a nutshell, that is my life. Second guessing every decision, questioning everything. I think that is the hardest part.

Buck eventually found the courage to try out and he made the club team. Through this experience, he made a lot of friends, developed self-esteem, and learned to work as a team. Unfortunately, competitive sports teams can become complicated and political. Sally and Phil explained:

Sally: He excelled at soccer and that was his main interest. He did a lot of years of soccer, and ... he was doing really well in the private clubs... That's where his really close friends were, on the premier team with him. The majority of his friends were school and soccer-based, so it was a really positive thing for him. But that all changed in Grade 7 or 8.

Phil: I'm not really too sure, why. Everybody has their own opinion, but I think [soccer became more difficult for him] as the necessary development and skill level, the perseverance and the time commitment he had to put into it increased. He didn't recognize the fact that he had to put that extra amount in... Because he was just so good at everything, I think he assumed he could just kind of coast... He would have been more than capable of [eventually] playing for the Huskies if he had developed himself. He had tremendous ball skills, but... I don't know, it's my opinion... He then got a bit of a shock when he spent one season goofing around on the sidelines with one of the other players. Instead of addressing his concerns, the coach left it as it was, for the remainder of the season. [Buck] was just kind of pushed sideways and was kind of pushed out of the group. And then he lost interest. He [regained] interest a bit when he went to Division 2 because he had a really good coach. He started to really enjoy [soccer again], but the following season, he got another coach that he didn't really want to work with. It's so difficult to figure it out. It was just that transition period.

Sally: Buck started in the private soccer clubs two years before he should have, because they couldn't hold him in community [soccer] anymore. Age-wise he was a bit younger than everyone else. So anyway, Phil definitely has the right idea. He went in early and he did excel and the coaches, a lot of the coaches, took him under their wing. One coach actually took him to Edmonton, was it Edmonton? She took him to meet David Beckham and it was just awesome! ... Buck was everyone's favourite. He was that sweet kid that all the parents liked. He was just that kid.

Phil: And then he wasn't.

Sally: The team had a very strong bond. They played together for years. They always tried to keep [the coach's] players together. Their team was at a premier level,

but they were weren't progressing and lacked direction so the parents got together and pushed the coach out, and when that happened, new coaches came in and Buck wasn't the favourite anymore. Such is life, that's the way it is, but he now had to prove himself. He was still in premier for a bit, but he was making new friends and hanging out and goofing around with kids when he should have been playing soccer. He was doing too much chitchatting... That's what they do at that age, and the coach didn't address it throughout the whole season... The next season following tryouts, Buck's friends on the team kept messaging, asking Buck if he made the team. I think that, at that point, all the kids just assumed they would be on the same team. The way it turned out was, the majority of his friends on the previous team received phone calls within the first week. Buck ended up getting a call two weeks later, explaining that he'd been placed on another team. He was devastated. Not only was he upset, his best friend kept phoning and saying the same thing, "I don't know why I made the team and you didn't. You are a way better player than I am." [They gave] no explanation as to why.

Phil: Yes it was appallingly handled.

Sally: And then we went and talked to the coaches and they said, "Well, he was goofing around and we thought that maybe he could use the year to prove himself." So we explained to Buck exactly what the coaches said. "You know, you just have to show that you want to be there, show the initiative and that you've got it." He's got the skills, it's just if he chooses to apply them. And that season, he tried and he tried and he tried and they kept telling us that they pull kids up from Div. 2 to be on the premier team just to play some games here and there... And they never did pull him up. They basically black-flagged him and he was dropped ever since then.

Phil: At this point he would have been Grade 7 or 8... But there were also some coaches that were very political at that point. They had already pre-determined who they were going to have on their teams and he wasn't part of that group. It really had nothing to do with whether or not he applied himself productively. I'm skeptical as to whether he would have ever been called up to that premier team.

[It was] because of the politics and the group of people that you had to be involved with.

Sally: It was a very unfriendly group of parents... It's as though all these parents think that their kids are going to be professional soccer players. It's ridiculous!

Phil: Buck had one of his most enjoyable seasons, [that year]. I think it was under fourteens. I said to Buck all the time, "You know what? This is a good level of soccer. You can enjoy yourself for the rest of your [soccer days]. You don't have to play with the premier teams and the Huskies and stuff," and he seemed okay with that for a period of time... So I think soccer may have been a bit of a disappointment, but I think he was going through a lot of changes in conjunction with that as well.

Although Buck played soccer for a few more seasons, his inability to return to the premier team, for political or other reasons changed him. Phil explained:

[I think he changed] because he didn't understand why they didn't realize how good he was... He actually played really, really well and I was surprised to the point where I actually did ask, on a couple of occasions, why he wasn't being given a few games in Div. 1 as they had suggested. I was just told by [his new coach,] who I was quite friendly with, that it wasn't up to him. He had nothing to do with it. [The premier level coaches] didn't even like [Buck's coach] anyway. Actually it was probably because he was the [coach of the] team that [Buck] didn't get called up to premier. They didn't want anything to do with any of those kids.

By Grade 10, Buck was no longer playing soccer. The politics had cast a disappointing shadow on the sport he once enjoyed so much. Sally and Phil vowed they would never connect with that particular soccer club ever again. Fortunately, due to restructuring of zones, their family is no longer a part of that club anyway. Phil has become a leader within this new club and is coaching his youngest child's team. Sally and Phil are determined that their younger children will develop friendship bonds and find connections in a variety of communities.

Discovering Buck's drug use. For me, finding out about Zach's drug use was a big shock. From that point onward, parenting became even more challenging. Everything I believed to be true about my son shifted, tainted by the realization that I had been duped by his secrets and my rosy perception of my son. It was very hard to determine what was real, in the present or the

past, which made it difficult to predict an outcome or choose a parental direction to change our son's course.

Sally and Phil had a similar experience, and they are still trying to put together the pieces of their son's story, scene by scene. As with me, realization and awareness was gradual, but suddenly, they too were in the thick of their drama. They explained:

Phil: Sally picked it up first, but I wasn't really looking for it, to be honest.

Sally: Yes, but I wasn't looking for it either, but as I was growing up, I wouldn't say [the drug scene] played a major role in my early teenage years, but it was definitely present. I can't say that I never used drugs because I did, but it never encompassed my whole life... It was around, smoking weed was quite common... Yes, it was quite common within my circle...

Phil: It wasn't for me.

Sally: No, you grew up totally different than I did... I just thought, "Oh, its only weed." ... When did he start getting introduced to drugs and things like that? I would say Grade 8, but we didn't know it was a real issue until Grade 9, I would say.

Phil: Yes, we knew he was dabbling in the stuff in Grade 8. I think it was a big issue in Grade 8. I remember it being quite a big issue at the time... It was not something that I'd ever been involved in. I stayed away from that completely all through school, university, everything. And certainly not at that age! He was 13 for gawd's sake! ... There had to have been somebody at his school.

Sally remembered the first time she really noticed her son was high:

I remember the first time, and you know I didn't even talk to him. He was high. I knew he was high. It was just that look that they have, you know, even though they say they are tired or whatever. I didn't even say anything to him about it. I remember just saying, "We'll talk in the morning."

Buck had not been at a party or even out with a group of friends, which concerned Sally even more. She commented:

You know, that's my issue. Right then and there I knew something was wrong, I knew because he was getting high on his own. Buck was not using in a social setting, it was a solitary activity and this raised a red flag for me. He was self-medicating.

Phil agreed, “Well, he would say, and he still says to this day, it just makes him feel better... It started with marijuana, but then it escalated to cocaine and gawd knows what else.”

Phil and Sally had very different experiences with the drug culture as teens and their reaction to Buck’s drug use also varied. They explained:

Phil: [For me,] it was the end of the world, and I think that’s where we started to have some issues dealing with this situation between the two of us. She didn’t think it was a big deal, and I did.

Sally: This isn’t a good or a bad thing, but Phil grew up a lot differently than I did. He went to an all-boys school and there was no drug culture, or one that he was a part of anyway. It was not part of their scene, but it was very much a part of my scene growing up. It was very much in the schools. It was, as you know, a big part. So part of me, at the beginning, wasn’t overly concerned. It did trigger a concern that he was using as a solitary activity, but his drug of choice at the beginning was definitely marijuana... Looking back, I think it wasn’t that he didn’t want to have friends over, he just wanted to go and hide... He wasn’t a big partier. With his drugs, it was all, solitary. It was just sad.

Like me, Sally is still shocked that she didn’t catch on to the extent of her son’s drug usage sooner. She commented:

We didn’t have a clue! I honestly just thought he was an occasional user. I didn’t have a clue that he was already dealing and gawd knows what else he was doing. I don’t know if I was just blind as a bat or if I was just naïve...

Sally and Phil contacted Addictions Services for support. They connected Buck with a counselor who told them there was nothing they could do to help their son.

Sally: [The counselor] said that until Buck wants to stop using, he’s not going to, so there is nothing you can do. That was all the advice that I was given. There’s nothing, as a parent, that you can do.

Phil: I basically panicked.

Sally: We got into a lot of arguments.

Phil: Yes, it was a really rough time. We were literally searching his room, almost every day, finding different drug paraphernalia and such.

Susan: What did you do with it?

Phil: Chucked it and threw it in the garbage and flushed it.

Sally: I honestly didn't know that you could use a light bulb to make a pipe and we started finding broken light bulbs.

Phil: Yes, we started running out of light bulbs.

Sally: I panicked when I found that because, to me, a light bulb is used for smoking crack cocaine. I don't even know what you do with it, but apparently you can make it into a [marijuana] pipe. I didn't know about that. In my day it was a can.

Phil: Buck would just walk into the house with stuff and you could instantly know he had stuff on him. He would get caught and we would throw it in the garbage and then he would go to his room and sulk. It's almost like he walked into the house knowing. I said to him, "Did you not know that you were going to get caught?" And he would say nothing. "You just walked in the house with a bunch of stuff in your pocket and we can smell it as soon as you walk in the house!" So he got caught, again, for like the dozenth time...

Sally: Yes and that's how it was. Every day it was the same.

Like Sally and Phil, we too, felt there was no information to help us parent our child who was using drugs. Unlike so many other parenting puzzles, we had no one to call for advice or guidance. It was experiential learning at its worst.

Remembering and second-guessing. Sally and Phil tried to make sense of what happened to their son, restructuring events and situations and second-guessing their parental choices. Sally and Phil believe that Buck's loss of confidence stemming from soccer politics may have contributed to his drug use, but the birth of his sister may also have been a factor.

Sally and Phil commented:

Sally: I definitely think that [his experience with soccer] was his initial trigger. And it's not nice... I'm going to be very vigilant and watch my other two children and make sure that they have other social networks in many different sports and activities. I think it's important, because Buck was friends with everybody, but his main friendships all stemmed from soccer and school, but they were all the same kids.

Phil: I agree that the soccer thing was incredibly detrimental to his well being at that time, but I strongly feel that a larger component of it was when our family

dynamics shifted and Jane was born. That was also going on at the same time... Buck had been alone with Sally, they had been together you know, [for almost 11 years] ...

Sally: He was everybody's everything forever, and now he was no longer the centre of attention.

Phil: All of a sudden there was somebody else and he wasn't given as much attention, but more attention than most kids would have had with a small baby in the household. He didn't suffer for it, I don't believe at all. But he may, I believe, have felt that he was being left out.

Sally: Oh and I agree with that. It seemed it all happened like within a year, a lot of life changes... He was 12.

Looking back to that year, Phil and Sally referred, again, to their decision to create the basement sanctuary for Buck. Not only did they express worry that Buck may have perceived his new basement sanctuary as separation from the family, but their bigger concern was that this renovation became his access to the outside world. Phil commented:

He was far too young! [He was only about 12 years old.] We were complete idiots! We had no idea what we were doing and no one really said anything... We thought that we were doing him a favour, but it probably made things a hundred times worse... At the end of the day, it might not have stopped anything from happening, but he wouldn't have been able to sneak out of the house if he had been upstairs... I wake up at the nearest sound. He would have maybe got in and out once in a while, but we've got these horrible creaky floorboards upstairs... But the one thing I didn't do... I didn't put a sensor on the basement window. He wouldn't have been able to disarm the alarm without waking everybody up, because it makes a gawd awful noise when you disarm it, but again, you wouldn't think a [12, 13 or 14] year old was going to sneak out of the house every night.

It was a while before Sally and Phil realized Buck was having nighttime escapades, and that many of them included getting high, mostly on his own. Once they found out that Buck had been sneaking out, they moved Buck into one of the upstairs rooms. Phil and Sally discussed the night they caught their son leaving the house without permission. Phil explained:

I knew he was doing it. I had a suspicion for some time that he'd been sneaking in and out. I had no idea he was sneaking in and out as regular as he was, but when he had a

sleepover, they went to bed super early. In fact, that was one of the things that we didn't pick up on quickly. He kept going to bed at something like eight thirty saying, "Oh, I'm tired, Mom."

The night Buck's nocturnal adventures were discovered turned out to be quite an upheaval for everyone involved. Sally commented:

He was probably already in Grade 9 or 10 and he had a friend sleepover and they snuck out of the house... Of course it was one of the kids from soccer, so we ended up calling his mom and she had to come pick her son up... It was this kid's first time getting high, and it was with Buck. So, of course, it became a whole mess all in itself... Buck told me once, and he's pretty honest with stuff, that he was so scared... But anyways, he got caught and we said, "That's it! You're moving back upstairs!" And we moved him back upstairs into a smaller room. But when he was upstairs, he said, "I like it better up here." He felt more connected.

Phil and Sally struggled to make sense of their son's choice to use drugs on a regular basis. They commented:

Phil: What I don't understand, what I can't fathom in my head is that a lot of people get into these situations through extreme circumstance. But Buck isn't [in this type of circumstance] and your child wasn't and hundreds of thousands of other children are not driven by extreme circumstances.

Sally: Any of the kids that I went to school with were privileged children. They weren't hard done by. They weren't from the wrong side of the tracks.

Phil: [It's easier] to understand with certain kids. When they grow up in certain situations, that's the way they are driven. But when children aren't put into that situation, why is it that they end up going down that path?

As Phil reflected on the course of their family's journey with Buck, he asked and answered the same question I have asked myself many times, "Is there anything that could have been done to prevent it from happening in the first place, early on? Nobody will know the answer to that question."

Black-flagged. In Phil and Sally's struggle to fully recognize the seriousness of their son's drug usage, it was not only self-recrimination and the issue itself that they had to deal with.

Other people's attitudes and perceptions also affected their lives, especially the opinions of other parents in their community, particularly those in their soccer circle. They explained:

Sally: When Buck was using and some of the parents found out, we were black flagged all together. Nobody would talk to us... One of the other moms told me a few things that the other parents were saying. They were wondering why Buck was even allowed to play soccer anymore, especially with their kids and it was very upsetting... And you know, his only really positive thing was his soccer... and then nobody would talk to us.

Phil: And the other thing was their kids were up to the same stuff as well. They just hadn't found out yet.

Sally: No, no, Buck was the first one to kind of go down that slope, but believe me the majority of that team has all spiraled out of control at one point or another.

Phil: [A particular player's name] and all that lot, they were using in elementary school.

Sally: But, I'm just saying, we were black-flagged!

I was unsure about Phil and Sally's usage of the term, "black-flagged," so I looked it up, online. Most of the explanations for this term, shared the connotation of a warning. Black flags warn against pirates, cholera, and even signal racecar drivers that they have committed a misdemeanor and must leave the track. According to their chosen term, Sally and Phil felt they were being treated as criminals, a deadly disease or people who have broken the rules: truly judged and stigmatized.

Sally and Phil don't believe that these parents would have understood or have been able to offer any advice anyway. Sally explained:

Try and explain it to somebody. Who the hell do you explain it to? ... My circle of friends? I was 17 when I had Buck. [The parents of] Buck's school friends and I actually got along. I got along with quite a few of them really, ... but that wasn't my circle of friends, there was a big age gap there. It wasn't my peer group. Through soccer and stuff, we visited and chitchatted, but that was it. So now, talking to the friends that I have because Lily is friends with their son or daughter or talking to people that I'm friends with now, they don't have a frigging clue. They can't relate. Yes, they have little kids at home too, but I'm this frigging basket case, walking around, because I'm grieving

for this child who is not even gone, he's just... How do you explain that to people? ... It's kind of nice just to talk to somebody who actually gets it! Nobody gets it.

Connecting to other parents was hard for us as well. In the beginning, I didn't believe I could ask anyone for their opinion, because I didn't think they would "get it" either. If other parents could have helped us, I would never have known. A family's challenges with drugs are not often openly discussed in community.

Stories About School

Early school experiences were very positive for Buck and Sally. As with most things he tried, Buck excelled in elementary school and Phil and Sally agreed that school was perhaps a bit too easy for their intelligent son. Sally commented, "Elementary school? He breezed through with little to no effort. So that's the main route that he chose." Although Buck is very intelligent and learned easily, his parents are unsure if he could be considered gifted. Phil speculated, "He's just smart like me, just smart, and he has the ability to learn." Buck managed very well in elementary school, but Sally and Phil feel that the school did not fully engage their son in learning. They explained:

Sally: He wasn't challenged and teachers, I think, were more out to be their friend than anything else. They didn't challenge him, he never learned any study skills, he never learned how to do any homework, and...

Phil: But they allowed that to happen, they didn't at any point in time attempt to... place him in any advanced classes or find out what his interests might be.

Sally: But he never could have been offered advanced classes because they never knew quite what he was capable of.

Phil: They never had that [kind of] interaction with him so that they could understand what it was that he might be interested in to push or lead him into a direction to something that he could sort of focus his attentions on academically. He was just allowed to coast through the school system and I think when I met Buck...

Sally: Not in elementary school though.

Phil: In the last three or four years that he was in elementary school, he wasn't given any kind of tools and... I identified that as being a bit of a problem, but nobody else really was that concerned. I felt that he was just being allowed to coast through school in the years where his brain was developing the fastest... I think

he would have enjoyed a lot of challenges academically, had he been presented with the right ones.

Sally: I agree, but, you see, Phil is coming from a completely different school system and has very different views on the education system.

From Phil and Sally's perspective, Buck's elementary school experience did not meet his needs. They believe the school failed to engage their son to actualize his potential.

When decisions had to be made about high school choices, Buck, surprisingly, chose a different high school than most of his friends. Sally commented:

For grade nine, a majority of his friends, who were part of the soccer community... decided to go to, [High School A] and Buck said, "No, I'm going to go to [High School B.]"... I thought, "You know what? That's awesome!" He's kind of going to do it on his own and he's going to not really know anybody and still go that route. I was proud of him for kind of stepping out of his comfort zone and doing that. He tends to just coast along with people. Just go along with what everybody else is doing... So we thought it was a good thing. We didn't see it as negative at all.

According to his parents, Buck chose his high school for academic reasons. Phil explained:

He was more into the programs that [High School B] had. There were a lot of programs that were sort of design and craft and sort of engineering, woodworking type programs that he has always been, and still is, interested in... Probably, that's one of the reasons [he chose this school.] He felt he would like to do, or try these things. Being a very modern school, it was very well equipped.

As parents, Sally and Phil were new to the high school experience. They gathered information and tried to become involved in their child's school world. They became frustrated and felt disregarded as they attempted to connect with their son's teachers.

Sally: We went to both of the information nights and we were very impressed with the school, and what they had to offer to the students. But you know, at the first parent teacher interviews, we made a point to speak to all of his teachers and every one told us the exact same thing, "He's a bright kid, he is so smart, but he does not apply himself and he coasts. He is capable of so much!" The one science teacher said to me, "Yeah, he just sits in the back of the class and doesn't pay attention." And so I looked at him and I said, "Move him to the front of the

class.” [He told me,] “Well, we don’t really like to do that, you know we’re trying to get to know them and let them feel...” You know, I was just appalled! I just thought, “You’re still the teachers. You can still have some authority over children or at least appear to...”

Phil: I was about ready to lose my mind at that...

Susan: Do you feel like you had been heard at all?

Phil: No, and the worst thing was, is that I had suggested to [one of his teachers,] “Maybe you should just pile on some homework, you know, give him some homework, give them all some blinking homework! Get the kids to apply themselves so when they get home from school they can’t, you know, run off to the park and just do nothing.” They basically said they don’t believe in homework anymore... and the rationale was never explained. I’ve asked a number of teachers about this. They totally stonewall you as to why they don’t believe in homework anymore.

Sally: I honestly feel like [Buck] fell through the cracks.

Phil: No one was making sure he was learning in school.

Sally: No. They knew he was smart...

Phil: No one was giving him homework to test if could mirror anything on his own.

Sally: They all knew he was really smart, but they all just said he didn’t apply himself.

Although school and learning started out as one of the easiest parts of parenting for Sally in Buck’s early years, by the time Phil joined their family, Buck was becoming lost in school and education. Although Sally and Phil recognized the increasing distance between Buck and his school, they were unable to engage the teachers in meaningful conversations for solutions.

The gridiron of school and drugs. Sally perceived her high school experience to include a strong drug culture, so it wasn’t surprising that her son’s drug use soon clashed with his school environment. However, what shocked both parents was the way the school handled the situation. Buck was implicated during a drug search in his chosen high school and his parents were called. Sally was out of town, so Phil was the parent to respond. Both parents were visibly agitated when they described the incident. Phil explained:

I’ll tell you exactly what happened. He was caught in a search with some paraphernalia that you would use in order to buy and sell, [a grinder and a scale.] He was caught

because he was implicated on [a cellular phone]. The original search was random, but as a result of it, his name was brought in. He got searched, his stuff got searched, and they found all of his stuff. He was dragged into the office and the police were called. He was pretty much summarily, hung, drawn, quartered and expelled, without any real due cause or any assistance or any kind of program or anything. That was it! Zero tolerance... It was just a disaster, the whole thing! They have no way of coping, so their idea of coping is to kick the kids out and make it somebody else's problem.

Phil is still shocked about the way Buck was expelled. He shared his disbelief with the staff of the school, before he left the meeting that day. Phil explained:

They said they had a zero tolerance, so I said to the teacher afterwards, when Buck wasn't in the room: "So this is the way it works is it? You're just going to boot him off to another school and put the problem there?" [The teacher replied,] "Oh well, you know, we have to share, with zero tolerance with all." I thought, "Well, that's not really going to help the school that you just booted him to... with no program and no counseling." [The teacher said,] "Well yes, they'll have a program there." I asked, "Why couldn't they just have a program here?" The teacher said, "Well, because then everyone will know he's into drugs." Well everyone's going to know he's in it at that new school, as well!

At this point in our conversation, Sally interjected, "Oh, they all know! Those schools are so connected it's scary!"

Buck's expulsion meant the family needed to find him another school. They chose to move him to a different school division and met with the principal of the suggested high school. He was very stern. Sally and Phil commented:

Sally: When we met with the principal, oh my, it was as painful as hell! He was an ass... and I get that he needed to be... Kids need that, to a point, but Buck does not do well with that at all... [This principal] was not very happy to have Buck come to his school.

Phil: Well it's a bit of a cringe. "Great, I'm just going to have to have known drug dealers in my school. That's brilliant!"

Sally: You can see it from their point of view...

Phil: Can't blame the guy.

Sally: But you can see it from Buck's side as well.

Phil: It's a no win situation... But, they helped us...

Sally: They sent us to the [alternative high school program] for two weeks...

Phil: That program was good... But, I think the principal was probably thinking, "Here we go again!" I think it's probably something he had seen, gawd knows, how many times in the past...

Buck did not immediately enter the mainstream of this high school. He was first required to complete a drug program at an alternative high school. Sally explained: "It was a two week program that you go in, and that was before you could even start at [this new high school]. So, it was two weeks of just learning about drugs." According to their website, this substance abuse awareness program allows students to continue their academic classes, while providing a venue for information sharing, discussions and support. After Buck had completed this program, he elected to remain with the alternative high school extended program. He loved it there and Sally and Phil saw glimpses of the son they missed.

A good fit school – why can't he stay? Instead of returning to the mainstream high school, Buck chose to access a program specifically designed to assist at-risk youth. According to the website, not only are students offered the opportunity to earn regular high school credits, but they are able to develop study and life skills and receive counseling in a two classroom school with a ten to one, student-teacher ratio. For Buck, the smaller school environment was ideal, and, according to Sally and Phil, the staff was strict, yet approachable and very effective. They explained:

Sally: The teachers are amazing out there.

Phil: They were so good though that Buck didn't want to leave.

Sally: Buck didn't want to leave, but Buck is always everybody's favourite. That's the problem, he knows how to get in with these teachers and with adults...

Everybody loves him, he's just, that kid.

Susan: And did he do well there?

Sally: He did.

Phil: He didn't get booted out.

Sally: School wise he did well.

Phil: He did really well.

Sally: When they got there in the morning, they had to drop off their cellphones. They weren't allowed to have iPods, cellphones, or anything like that. They went into a big bin. There was no tolerance for anything out there, but the teachers were amazing. They were again, trying to be friendly, but at the same time, it was like, "We don't put up with your shit! End of story!" But there were still drugs going through there like crazy. Kids were even hiding them on the school bus.

Phil: But, they controlled the situation. [The school] had control, and Buck was able to control himself through that system. He knew his boundaries there and he wanted to be there as opposed to anywhere else... Basically, he said he didn't feel like he wanted to go back to another big school because...

Sally: He was scared. He was scared to go back to another big school... and they made him leave.

Phil: The big problem was you can't finish your last year at [this alternative high school program.]

Sally: It is what it is, right?

Phil: And that was a huge disaster, because if he had stayed there, he wouldn't have stopped using drugs, he wouldn't have stopped dealing, but at least he would have finished school. He would have. He would have definitely finished school. By hook or by crook, we would have gotten him through that last year, if he had been allowed to finish it there. It was a total disaster after he left. A total disaster!

Sally: Yes, he was scared to go back [to the mainstream high school.] He didn't want to go back.

Phil feels that this alternate high school program was the only solution that really helped Buck and their family. He and Sally explained:

Phil: The only thing that proved to be of any real help was [that alternative high school program] and then even they boot you out... Just when [Buck] needed it the most, to finish school and get his Grade 12, he was booted out. So all those years of helping or trying to help him, nurturing him and getting through his education [were lost.] Right when he needed to finish, he's booted out! How does that make any sense!

Sally: And I do understand they do not have a lot of resources out there, they are very limited. It's like they're in the dark ages without Internet or even a computer.

Phil: Two years they invested in him.

Sally: Just give him the bare minimum, just to get him to graduate. He doesn't need his biology, or all of his different sciences, just get him there!

Phil: I hate to think how much that cost, because there were only, what, a dozen kids?

Sally: And there was no transition either. They made it sound like there was going to be a transition, but there was nothing.

Phil: No. Here you go, start your next day in the big school, in the big wide world. Everything is going to be fine. You get to see the school counselor once a week! ... Just straight there, two and a half years at the [alternative high school program] and straight to [mainstream] high school again. Talk about being thrown in the lion's den! I questioned it at the time, severely, and they just said, "Oh he will be fine, go to a counselor."... [He had] been hiding in [this alternative high school program] for two and a half years and they just think he is going walk into [a mainstream high school] and everything is going to be fine?

Sally: And I just feel stupid thinking... I don't know.

Phil: We didn't have any other choices, I mean, other than home schooling, which would never have worked anyway because you can't home school a 17 year old.

Sally: A drug addicted 17 year-old? No way.

Phil: He should have finished the bloody school at the [alternative high school program] and that would have meant...

Sally: Because it was working! It might not mean that they are not using, but they're in school, I mean that's got to be something.

Phil: If they really wanted to get him through and to get his Grade 12, then there should have been a program that went between the [alternative high school program and mainstream high school.] Maybe he'd spend half his time there and half his time back at the [alternative high school program] ...

Sally: Like an actual transition.

Phil: Maybe it would mean he would spend three days a week there, two days a week there, you know back and forth again... Something that allowed them to feel

comfortable... But they couldn't do anything at the [alternative high school program] because they weren't equipped, 'curricularly,' to finish him there anyway. It wasn't their choice; they were just running the system! But it's a terrible system... Two weeks was it? Maybe a week, two weeks, he didn't even make...

Sally: It just breaks my heart.

Phil: Two weeks back in [the mainstream high school,] and they thought that that was the appropriate transition.

Sally: And it wasn't anything other than [the school counselor] checked in with him, which was a joke and a half. And yes, that was it.

Sally and Phil were clearly upset with the fact that the "system" set up their son for failure. They believed the alternative high school situation was best for their son, but for various reasons, he was required to reintegrate into the mainstream high school. Within a very short time Buck was overwhelmed and Sally and Phil's parenting puzzle became more complicated once again.

Unfortunate disconnection. When Buck moved back to the mainstream high school, the school set up sessions with the school counselor. Unfortunately, Buck and the counselor did not connect on a relational level. Sally commented:

I knew it wasn't going to be successful the first day that we met with [the counselor]...

Buck already had a chip on his shoulder because of the way she addressed his skateboarding... We went and met the [school counselor] when they were going to start the transition [to the mainstream high school.] It was me, Phil, [the school counselor], Buck and one of the teachers from the [alternative high school program.] Buck was one of [this teacher's] favourites, well he was just everybody's favourite. [The high school counselor] basically just tried to play up how cool she was because she liked to take kids to Tim Horton's and pulled them out of class... Buck hates Tim Horton's and he hates coffee, so that wasn't going to snag him by any means. As you know, Buck was a skateboarder – that was his thing. At the time, Buck had [a local skate shop] sponsoring him. He began talking about how much he liked skateboarding... and then she just pissed on his whole idea of skateboarding and said that it's going to get him nowhere. She basically said, "Grow up! You're never going to go anywhere with skateboarding!" She bashed skateboarding and that was his only positive thing! She just killed that and

we walked out of there and he says, “She was such a...” And that was it. That made up his mind right there!

At this point in Sally’s story, Phil interjected, “Skateboarding has such a bad rap!”

Sally: All the stigma that goes along with it, right?

Phil: Any boarders are just druggies.

I wonder how Buck’s transition could have gone more smoothly. Was the relational piece, that was so obviously there for him at the alternative school, missing? How can mainstream schools build relationships with vulnerable students to help them stay engaged and feel accepted by these larger school communities? How do we help young people, like Buck, stay in school?

Stories About Seeking and Accessing Help in the Community

Phil and Sally did not hide their son’s drug issue in their parenting quest to help Buck. They tried to find information and access help from a variety of sources in their community. In a letter to the Ministry of Health (2013), Sally wrote about this struggle:

My son is now 16 years old and has been a user since the age of 13. He suffers from depression. His drug abuse has never been recreational. He used drugs as a coping mechanism and he has ultimately been self-medicating.

Although the following is a somewhat long and drawn out sequence of events, I do feel that it is necessary to be straight forward with the facts and details that we, (my husband and I), have done everything that we could do to help Buck, including seeking out assistance from all available agencies. As a parent of a drug user, I do have to say that there is no “one place” to seek help, you just have to trust in the people that offer advice and hope that they are providing you with good/accurate information. The sad fact is that this is not always the case and I have learned this time and time again, the hard way. (Letter, January 31, 2013)

In our conversations, Sally and Phil described their frustrating and futile efforts to access help for their son. During one conversation Sally confided:

I was on the phone and I literally called every program I could find. I was panicking... Buck hadn’t come home, he was... I was just panicking... I just phoned everybody and anybody I could. I literally was on Google morning, day, night, everything... As soon as people found out that we were in Canada, like when I was looking at rehabilitation

facilities and stuff, they laughed at me and said, “Good luck!” ... And then as soon as I said, Saskatchewan, well... Yes, they were literally laughing at me on the phone.

Although they are still attempting to help their son, their quest for assistance began on the day they discovered the seriousness of Buck’s drug use. As Phil and Sally moved back in time to the scene that began their pursuit of help, their conversations reflected the breadth of their search.

Medical health services. After Buck was expelled from high school, in Grade 9, Sally and Phil contacted their family doctor, and Buck was diagnosed with depression and was prescribed anti-depressants. Sally believes that Buck’s drug usage slowed and may have even stopped for a brief period during this time.

Buck has been under the care of their family doctor on a regular basis, particularly to support his physical drug related health issues. His doctor has also referred him to psychiatrists and has attempted emergency intervention. According to Sally, although she has been pleased with their doctor’s responses to their crises, the systemic issues of extensive wait times and insufficient resources have derailed any possible positive outcomes.

Police implications and informants. Buck’s first contact with the police was when he was caught with the drug paraphernalia at his first high school in Grade 9. Phil was not very impressed with the way the police handled his son’s situation. He recalled:

Well, the policeman said they’re not going to charge him with anything [because it was his] first offense. I am thinking, “Good grief!” [At this point] I don’t want to say anything much to anyone, but I don’t want to make light of it, because I didn’t want Buck to think that I was making light of it. I wanted Buck to think it was serious. He was just sitting there, and I’m just sitting there thinking, “Well, they haven’t got anything on you, they can’t charge you with anything... But midway through the process, they kept asking him questions, “Well who did you get this stuff from? Who are you going to sell it to?” And I just said to the police officer, not for Buck’s benefit believe me, but for the benefit of the family, “Buck, you know, if you don’t have anything further to say, we’re going to stop this conversation right now.” I’m not having my son implicate himself or say something that’s going to potentially put our family in harm, just for their satisfaction or to get some information that they probably already knew... I mean he’s 14 years old for gawd’s sake! He was not a 21-year old crack dealer... The way that they handled it was just ridiculous.

After dealing with the police at the school, Buck was required to attend a drug program put on by the local police service.

Sally: When did he actually have to go? Was it when he got kicked out of school?
When was it? ... My timeline is so screwed up...

Phil: It was when he was caught at school with various substances related to drug selling and usage...

Sally: Oh my gawd, we went through the drug program they have at the police station. It was a joke; it was an absolute joke! Even the cops [leading] it! The guy was new, probably early twenties, brand new, not part of the drug squad. You know they could have at least had a narcotics officer but, no, this guy was reading and he was saying, "Just say 'no' to drugs." It was just an absolute joke. The kids were laughing and I was just about laughing.

Phil: I was in a bad mood.... It wasn't a program; it was an evening where they just read from cue cards.

As in earlier instances, Sally and Phil found themselves alone in a situation because the individuals or systems that were to support their parenting journey appeared to be solely going through the motions. Their experiences echoed ours as well. We wondered who will take responsibility for our marginalized and isolated youth.

Passing the Buck. Sally's next contact was Youth Services. She wrote:

I took it upon myself to contact Youth Services and they put me in contact with an addictions counselor whom he saw on a regular basis. Although I do agree that a counselor does need to build a rapport with the client, there comes a time when there needs to be more of a counseling session that takes place. Throughout the time that Buck saw the addictions counselor, he kept telling me, "Ya, I like her. She's cool and she knows all about drugs and the lingo. She used to do drugs all the time." I did meet with her on a few brief occasions and I can honestly say that the only advice that she gave me was that, yes, Buck is addicted to drugs but, as a parent, there is really nothing I am able to do. She told me that until Buck made the decision to quit, there was really nothing more to do. Without much of a heads up, we met with her and to our surprise, she was pregnant and rapidly approaching her maternity leave. Buck was not really given much

warning and once she went on leave, he refused to speak to another counselor. (Letter, January 31, 2013)

Sally remembers the day that the counselor went on leave. She recalled:

Then all of a sudden we go in there one day and find out she's pregnant and going on maternity leave. She just passed his file on to somebody else, no transition, no nothing. Just, "There you go." Like just dumped and Buck said, "Fuck this! I am not seeing anybody else." So then you think, "What the hell am I supposed to do?"

Sally also contacted the government-run youth rehabilitation centre in their city in Saskatchewan. She was told not to bother with their program. She recalled:

I phoned and [the person] said, "Don't bring your kid here." He said, "He is going to learn more about drugs here than he is going to on the streets. Don't bring him here."

Sally and Phil accessed everything that was available to them through Addiction Services. In a letter to the Ministry of Health, she wrote:

My husband and I did attend one parental group session through Addiction Services that I do think would have been a good outlet and good information sharing, but again, it was a one-time only group, which was somewhat disappointing. (Letter, January 31, 2013)

It is unfortunate that when Phil and Sally found support that may have assisted them personally or in their parenting, that it was not provided as an on-going or continuous opportunity.

Private sources of assistance. Because Buck refused to work with anyone else from Addiction Services, Sally and Phil, once again sought advice from their family doctor. She explained:

So, I went to his doctor, like just to a GP, and she gave me a name of a private practice that she thought might be good. So we spent like \$140 an hour, once a week for gawd knows how long!

Buck agreed to see the private counselor, but Sally and Phil felt that Buck was just putting in time. Phil commented:

He likes seeing women; he didn't want to see men. That was another one of our big mistakes. He was comfortable sitting there and lying to women... We found someone he just didn't mind sitting there talking to for an hour.

Unfortunately, this course of action did not work out for the family either. Sally recalls:

I don't remember exactly how it happened, but I went to Buck's appointment. I always just sat in the waiting room. I didn't drop him off. I sat in the waiting room, just in case he needed me or whatever. So, [the counselor] came in to the waiting room and she had this look of panic on her face and she says, "Okay, this is a confidentiality issue, but I need to tell you something. It's going to break confidentiality with Buck." Meanwhile Buck is in the other room. She says, "I asked him if I could tell you and he said, no, but I feel that it's so important that you know, that I need to break confidentiality." So she puts me in a separate room and she says, "I have talked to my colleague. She is going to sit with you and she is going to start to explain things to you about what's going on. I have Buck in the other room. If you hear a door slam, run after him because he's taken off." So I'm freaking out like beyond belief, because I didn't know what the hell, and this other person just starts talking to me and, all of a sudden, I hear this slam of the door. I am like, "What do I do?" She's like, "Go after him, go after him!" So I'm booking out, freaking out, the clinic door, and he is like running, like running, and I am screaming after him. I ran, I don't even know how long. I was just a fucking mess! I was screaming and yelling after this kid and he was gone. He had never taken off before, ever. He was gone. He had never missed a day of school before either, ever, he never missed school, but that next day he missed school... Anyway, so I go back [into the clinic] because he was gone and [his counselor] says to me, "He's using cocaine, I think it's a serious problem. He's still using lots of drugs." [So I'm thinking], "Right, like tell us something we don't know"... She's like, "I think he needs to go into treatment." I said, "Okay, what did you have in mind?" and she says, "I have no idea." She literally said, "I have no idea ... I'm going to start researching for you." ... I was a fucking mess. So, she gets back to me the next day and says there is really nothing, and went on about, I don't even remember what. She talked about one in the States and then one in Kelowna and she said it sounds pretty good. She says, "I'm not recommending it because I have never known anybody to go through it or anything, but it's a suggestion. If you want to go that route, here is the number." She wouldn't touch it... She just didn't want anything to do with it.

In their letter to the Ministry of Health (2013), Sally and Phil explained their desperate situation. Sally wrote:

The psychologist did speak with me and did voice her concerns with his mental health and increased drug use. She did state that she was certain that he was in need of more help than she could provide. Over the course of the next few weeks to follow, she had looked into possible rehabilitation centres. None of the centres that she suggested were located in Saskatchewan.

Independently, my husband and I spent countless hours on the Internet and on the phone with various agencies/centres that may be suitable. During this time, things with Buck had continued to escalate and he made the decision to leave home and was spending his nights crashing on other people's couches. I had little or no contact with him other than the rare text to make sure he had a warm place to sleep.

As parents, we were at our wits end and strongly felt as though our family was at breaking point. Buck was no longer in a safe environment and his addictions were escalating out of control.

At this point, my husband and I made the critical decision to get him professional help... We made many phone calls. We spoke with rehabilitation centres in and out of the province and were given the same advice, "You need to let him hit rock bottom." As parents, what does that mean? Are we supposed to sit on the sidelines and watch him completely destroy his life as well as the lives of everyone around him? I DON'T THINK SO. (Letter, January 31, 2013)

Phil and Sally decided to take matters into their own hands. Sally wrote:

We located a rehabilitation centre [in British Columbia]; it appealed to us because of its strategies in dealing with mental health and addiction involving teens and young adults.

We did a number of cross checks and found a large degree of support from others for this treatment centre, it was not a rushed decision. (Letter, January 31, 2013)

At this point, Buck was still living away from home and harboured a lot of anger from the counseling fiasco described by Sally. Sally and Phil were certain that Buck would not agree to any form of treatment. The director of the British Columbia treatment centre suggested an intervention and connected the family to a well-established intervention expert. "He is the interventionist that runs the TV show," Sally explained. Sally first called Mental Health and Addictions to see if they had any information about the process. Sally and Phil explained:

Sally: I talked to somebody at Mental Health and Addictions and I told her that we were going to do this [intervention], like we are going to do something. She's like, "Oh my gawd, you're going to be that parent"... I am like, "What? I have never heard of anybody actually doing something like this before," because I was asking about funding. And I thought, "Fuck it, I am not waiting for funding! I am not waiting for anything! I'm doing it!"

Phil: We wouldn't have got any funding anyway. There is no way on God's green Earth that they would have given us any funding. And even if they had, we would have had to wait for 10 years and he would have been, we would have been...

The consequences of not moving forward to help their child in a timely manner were left unspoken, but everyone at the table that evening knew that doing nothing was not an option. This was one of those moments when my story crashed into theirs and the possible consequence was unthinkable.

Sally and Phil contacted the recommended interventionist. The process was very specific and formal, but he guided them every step of the way. They explained:

Sally: We all had to write a letter to Buck and say what we loved about him, like key components that we actually had to put in this letter and then if you don't get treatment today this is what is going to happen... So we all wrote these letters and then we went and met with [the interventionist] at his hotel room and we read through our letters and he corrected them... We knew Buck was at school... So we all met at my mom's house, and my sister went out to get him from school and brought him to my mom's and we had this full intervention and we all read our letters to him, like it was fucking horrible ... I just know that no parent wants to go through that... So, anyway, we all ended up going through our letters and it was [the interventionist] who ended up getting Buck to go. We had a bag packed for him, we had his passport out, and they hopped on a flight that night and were gone.

Phil: He's very good. I would say that he was worth every penny.

Sally: He was worth every penny.

Phil: And then [Buck] went to the clinic and then [the clinic] did their thing...

In their letter to the Ministry of Health, Sally and Phil explained the financial costs involved in helping their son. Sally wrote:

This program was our only avenue and we had no time to wait anymore, but it came at a heavy price. The treatment was just shy of \$27,000 and the intervention was just shy of \$6,000. We tried, over the weeks before, to investigate funding, but we were unable to get anywhere in time to help our son, Buck, so we acted as any parent would – without hesitation... If we had delayed our plan, Buck would not have been able to start treatment until the New Year which, potentially, could have been too late... We have been informed that because there are no [similar] treatment centres in Saskatchewan that funding would be available. We are respectfully asking for reimbursement for the treatment of our son, Buck. (Letter, January 31, 2013)

Buck participated in the treatment program for almost four weeks. He graduated and his parents picked him up. Phil commented, “He looked really healthy, he had colour that he’d never had for three years.” Although Buck did very well with the program, Phil and Sally believe the program did not go far enough for any real change to occur. Phil realized very soon that Buck was not ready to re-enter his life. Phil commented:

As soon as he left, it wasn’t half an hour afterwards, that he basically wanted a smoke. [The clinic] told him, “If you go back to your addictive ways, whether it’s smoking or drinking or anything, [you will] spiral.” The only chance he had was to keep himself cleansed and follow a program... [This treatment was] the beginning part of the rehabilitation process, all they were doing was trying to cleanse him out and give him a path forward. My problem was that at the end of it ... I said, “Well, what happens now then? What support does he get?” And [they said], “Oh, he will be fine.” You know, I realized at that point that we completely wasted \$40,000 because we are intelligent people. We know it doesn’t work like that... And you know what? If he would have been there for four months, I think they would have brainwashed him enough that he might have come out of it okay. But three and a half weeks was too short! ... But I was always skeptical. I said to them, “Three weeks honestly? Really?” And they said that’s all they needed.

Although Buck's patterns hadn't changed, Phil believes that some good did come from sending him to [the out of province clinic.] It was the lack of support for transitioning back into the so-called real world that was missing from the process. Phil explained:

I think they did do a pretty good job of detoxing him, ...but the problem is there was no follow up on the job. They took all our money and then washed their hands of the whole thing. I don't know what we expected to happen, but... I expected maybe some follow up.

In preparation for Buck's return, Sally had even learned to cook for the restrictive diet that the treatment centre suggested. To ease his homecoming, Sally and Phil also arranged to spend quality time away with just Buck before he was reunited with his younger siblings. Listening to the amount of time, energy and money they had invested in their child was astounding to me.

Susan: Wow, you have done so much work, good for you.

Sally: It's nice to hear, because you know what, you never hear that... All you do is say, "I shouldn't have done it that way."

Phil: Yes, you just beat your head against a brick wall sometimes because nothing ever, nothing you ever did...

Phil did not need to finish his sentence. We all knew how high the stakes were and that every decision felt like a gamble. My family had lost everything, and Phil and Sally sensed they were running out of chips.

After his time in the out of province clinic, Buck returned to the alternative high school program that we discussed earlier. When his time in the program ended, he was required to re-enter mainstream high school. Within two weeks, he and my son, Zach, got into trouble together. It was serious enough that, as parents, we could leverage a threat of criminal charges to ensure Zach went into a rehabilitation program. Sally and Phil, also concerned about criminal charges and looking for a new start for Buck, sent him to live with his biological father in Northern Alberta.

Phil and Sally's Lives Now

The past few years have been an emotional rollercoaster for Sally and Phil. Although Buck managed quite well with his biological father, for a while, it wasn't long before he left that family as well. Sally commented:

You know, anything that I talk about is like the shit you see on TV. This [doesn't seem] real, you know? Now we're hearing about all these other kids OD'ing and it's just like... Honestly, I live every day thinking that he's dead, or that he's going to be dead ... He has mental health issues, he is a depressed kid, and he goes through spurts... I'm scared for his life with every frigging day that passes.

Aside from their concerns for their son's health and welfare, Sally and Phil also have the financial burden of their attempt to help him through the interventionist and private clinic. They explained:

Sally: There were costs everywhere, getting to [the out of province clinic,] and everything... It probably cost us what? \$40,000?

Phil: Which we still haven't paid, I'm still paying the line of credit... It's just sitting there. It's like a beacon.

Within a few months of our first conversation for this inquiry, Buck had reconnected with his family. He returned home to live with his parents, and Sally and Phil arranged for Buck to attend an alternative high school that supports adult learners. He completed one 'quarter semester' and successfully completed his classes, but unfortunately, the classes he needed to complete his Grade 12 were not available for the final quarter of the school year. Buck moved, once again, to the other school division in the community to attempt to complete his Grade 12 and graduated in June, with the understanding that he needed to complete one final class to meet provincial requirements. It was a proud moment for Sally and Phil, filled with promise for a possible future.

Sadly, after graduation, Buck's drug use began, once again, to escalate. As a result of his substance use issue, he began to steal from his parents and put his family, particularly his younger siblings, at risk due to his possession of illegal substances in their home. Phil and Sally asked him to leave, once again, and when Sally and I had this conversation, he was living with his maternal grandfather in a small town, close to their urban community. Unfortunately, Buck was quickly alienating this ally as well, and their drama continued with Buck's substance use disorder at the heart of their trials. As Sally described the tumultuous emotional life they have led, she worried that her relationship with Phil would not withstand the daily adversity and turmoil. She wondered about the consequences of their unconditional love, each decision they have made, and how much longer they could support their son, Buck.

Musings and Concluding Thoughts

As I listened to and absorbed Sally and Phil's shared stories and reflections, images and memories of my family's lived experiences, some almost forgotten, replayed in my mind. There were so many parallels to be further investigated. Questions swirled in my brain, in the midst of our conversations and for many days after, and I struggled to become more analytical and less emotional in my approach to our intersecting narratives.

I thought about Buck and who he was as a little boy: Smart, sensitive, talented and driven. It made sense that Zach had enjoyed spending time with Buck. Zach shared those qualities and I imagine their intelligence, similar interests, and drive for perfection made them quite compatible.

School was important to both of them. Buck did not miss school even when he had given up on many other things, including living with his family. Zach had plans to attend university, and he would have had the marks too! Like Buck, club sports, particularly the internal politics, had deflated Zach's self-confidence. It was difficult for him, and many others, to understand why he always sat on the bench while select teammates got all of the court experience. Both boys seemed to be good at everything, and unfortunately, they both proved they were very good at using substances.

It was wonderful to meet Sally and Phil. I liked their synergy, the way they finished each other's sentences, their obvious respect and love for one another and their absolute, unconditional love for their son. As we talked, that very familiar shroud of anger, uncertainty, and guilt that my husband and I have felt, and still are experiencing, hovered around us. I wished we had met earlier. The stigma, Sally and Phil experienced as a result of their son's drug use had affected our family as well. It would have been nice to have the opportunity to discuss parental concerns with people who fully understood our family's situation. I do not know if it would have changed anything for our kids, but I think it would have helped me.

Because I am an educator in one of our local school divisions, I was very interested in Sally and Phil's perspectives about how schools have not served the needs of their family. I found it interesting, but not surprising, that Sally and Phil felt marginalized by Buck's schools. They did not feel they had a voice. They did not feel that anyone cared or listened to them. Even when they voiced concerns about transitions in their son's lives, times when they were all most vulnerable, there seemed to be no one to advocate for their family's needs. I wonder how schools

can begin to engage parents and build a climate that values the knowledge parents have to offer. Sally and Phil also believe teens are accessing drugs at school. If this is true, where were the solutions available to students and their families for this issue? How might this be more of a systemic issue than a problem of individual students? I wonder if it is ethical to choose a punitive path rather than searching for solutions.

Finally, the frustration and angst-ridden stories Sally and Phil told about their quest for help were all too familiar. Throughout this inquiry journey, I had worried that I may have missed an avenue of assistance that could have saved our son. Hearing their recollection of their experiences rekindled my desire to highlight the gaping holes in our community's support of mental health and addictions. As I listened to their stories of countless hours of research on the Internet and endless and pointless phone calls, I relived my frustration. I, too, was given many conflicting messages. What resonated with me most was the never-ending litany of voices that told Sally and Phil, and my husband and I, that there was no help for our children in Saskatchewan. They told us there was nothing we could do to help our kids. Sally and Phil's disclosure of their struggles reflected a mountain of disappointment for the inadequacy of support for young people with substance use disorders and their families in our community. I applaud and join with Sally's question to the Ministry of Health (Letter, January, 2013): "Are we supposed to sit on the sidelines and watch [our children] completely destroy [their lives] as well as the lives of everyone around them?" I don't think so either!

Chapter 5

Amanda

I just got off the telephone with my mother-in-law. It is my niece's twenty-first birthday today, so we are all meeting to celebrate, not only her special day, but also the engagement of her brother, my nephew. Today is a good day. Earlier today, I also had a conversation with my mom. She and my dad were leaving town and they wanted to let me know. My mom's brother, my uncle, has cancer and they had received a call that he may not make the night. Today, I will celebrate and I will mourn. I guess that is the dichotomy of life's journey.

Family stories are often charged with emotion. Joy, frustration, and gratitude can synchronize in a moment. Amanda's story weaves back and forth through time and connects memories from one parenting experience to another. Stories of her parental experiences with her children are intertwined recollections and explanations of events and perceptions, past and present. At the time of our conversations, Amanda was in the midst of celebration and grief: the celebration of the birth of grandchildren and the persistent loss of her own child to drugs.

Connecting with Amanda

I am not sure when it was that I first met Amanda, but I sure knew where she lived! I cannot count how many times I picked up or dropped Zach off at her house. Amanda's daughter and Zach were very good friends, so it was inevitable that Amanda and I would meet someday. It is funny how our community is so connected, and once I got to know Amanda's daughter, I realized how linked our families really were. Apparently, my parents and Amanda's parents know each other quite well. In fact, Amanda's dad was at my parents' home just the other day.

Amanda has been challenged with two children who entered the drug culture in their teens. Her eldest son, Jordyn, who I met at Zachary's funeral, has had a very difficult road to recovery, and is still working toward a drug-free lifestyle. Her daughter, Jill, has found success in her recovery and has begun her new life as a young mother. She recently graduated high school, clean and sober. She plans to pursue a career in nursing.

Meeting with Amanda was the easiest and most difficult of the experiences I had over the course of this inquiry. I already had a relationship with Amanda, so I wasn't shy or nervous to

sit down with her over coffee. However, she knew Zach well, and our meeting brought back that familiar ache and longing for my lost son. During this time, my husband reminded me of a conversation we had regarding Zach's connection with his dear friend, Jill, Amanda's daughter. Although we knew Zach was already dabbling in the drug scene, we had become concerned about his association with this young lady because her brother was a drug dealer. I am sure we judged him and his family.

After hearing Amanda's story, I am shocked at the parallels between Jordyn and Zach's lives. Both were brilliant and talented and neither of them seemed to be able to break free of the allure that drugs held over them. In Amanda's narrative, Jordyn was the predominant character. His life choices have enveloped her life, affecting her relationships and personal wellbeing. Because Jordyn is still at risk, Amanda is still strongly invested. Children are ours for life, even in their death.

Jill is not featured as strongly in Amanda's narrative. Perhaps because Jill is recovering and moving forward in a positive way, Amanda feels that she can take a breath, at least for a while. Also, Jill's addiction issues have not impacted Amanda's life for as many years. Jordyn has been a concern for a decade. Finally, because Jill spent so much time at our house, with our son, Amanda may not feel the need to share the stories of her daughter's struggles. I have lived some of those struggles with Jill, but I witnessed even more through my son's eyes.

I was there when Amanda faced Jill's overdose. Zach was the person who saved Jill's life. He tried to contact Amanda, but when he couldn't get her on the phone, he called me. Amanda and I were both at the hospital that day. Before we met for this inquiry, I already knew a little bit about their family's history, such as connections with counselors and how they had accessed an alternative high school, not because Amanda and I were speaking about it, but because Jill or Zach kept me in the loop. I comforted her daughter, and she comforted my son, yet in all of that time, Amanda and I rarely spoke. I wonder why?

I see, in Amanda's parenting narratives, the two possible roads I might have taken had Zach lived. When I listened to her stories of her son, I felt guilt for the relief I experienced. I sometimes feel grateful that I did not have to go down this road with my son, that we both did not have to go through the anguish, frustration and disappointment she has described. On the other hand, I felt heartbroken for the loss of possibilities and hope that Zach may have followed the road that Jill has and become self-actualized despite his challenges with addiction.

After Zach's death, Jill, Amanda's daughter, continued her relationship with our family, keeping us up to date on her recovery and allowing us the opportunity to celebrate in her successes. When she learned about my research, she suggested I contact her mom, sure that she would be interested in participating. It was Jill who arranged for phone numbers to be exchanged so Amanda and I could meet to have these important conversations. Amanda's story, like Phil and Sally's is also framed around three main themes: Stories of family and parenting, stories about school, and stories about connecting with community services.

Stories About Family and Parenting

Amanda described herself as an "outgoing, social person," who also enjoys quiet time. She is "a single mom and a grandma, at too young of an age." Amanda became a mom at 21 years of age, during her first year as a nursing student at a local university. Although the baby's father was not around for Amanda's pregnancy, the young parents tried to re-connect after baby Jordyn was born. Their relationship lasted for about a year. According to Amanda, Jordyn's biological father has been pretty much out of the picture for years. He lives in Vancouver.

When Jordyn was a baby, Amanda met a man who worked in emergency services. She reminisced:

I met Bill when Jordyn was a baby. I met him through a friend. But then, Bill moved to Edmonton to work and so we just kept in contact. And then I got back together with Donald, who is Jordyn's biological dad, but, after Donald and I split up, we, [Bill and I] ran into each other one day, downtown. He had moved back and that was it.

Amanda and Bill married when Jordyn was 4 years old. It was not long before two more children joined their small family, Jill, who is now 20 years old, and John who has just finished Grade 12. Jordyn is now 27 years old.

Amanda portrayed her experience as a parent of young children as idyllic. She was happy, and life was very good. She explained:

I stayed at home with the kids. I think, when the kids were young, [parenting] was a very good experience. We, [Bill and I], travelled with the kids, I was at home with them, and involved in sports and activities. We were a busy family. When Jill and John were younger, I had a part-time day care for a couple of years, so I had other kids in the house, and that was good. Jordyn got a little bit of the raw end of the deal, being the oldest...

He didn't get to stay at home, he had to go to daycare. I think when the kids were young,

I felt we had a very good life ... kind of picture perfect... I really felt like that. Everything was marvelous... We used to have dinners on Sundays ... at the coffee table in the living room and we would have just snacks or whatever, watch a movie, play games. I can remember doing that when the kids were small and I really enjoyed that.

Like many parents, Amanda feels each of her children have distinctive personalities. She described her eldest child, Jordyn as “very quiet and very shy ... He was a good kid, very athletic and very smart in school.” As a little boy, Jordyn was quite sensitive and somewhat anxious. Amanda recalled:

I remember when we moved into our first house. He was four years old and he literally hung onto Bill’s leg as he stood behind him, trying to introduce him to kids across the street. Growing up, there was one boy that he was very comfortable with, so he would go there and he would have sleepovers. But he would not sleepover at anybody else’s house. He just wouldn’t. He wanted to be home, where he felt safe. He had anxiety when he was young... You know he still is [sensitive.] Like he’ll break down and he’ll cry, you know?”

Jill, Amanda’s daughter and second child, is natured differently from Jordyn. Amanda described her as a “social butterfly.” She expanded:

What you see is what you get. And she’ll tell you what she thinks whether you want to hear it or not. You know, she was your typical girl, had her emotions and her ups and downs... my boys never fought with their friends like those girls would fight... She’s always said that she would rather be a friend with the boys than the girls, because girls are too dramatic.

Each of us is born to a unique family, with differing social structures based on simple things like family membership, social influences of the time, and many other factors. Jill was born to a family that included an older brother and a doting father and mother. Jordyn was born to a single mom, with a supportive extended family. Although both of these children shared many aspects of their early experiences, they differed through gender, birth order, and genetics.

Discovering the drug use. Dealing with a child on drugs has been very difficult for Amanda. It caused stress for her formerly tight-knit family and conflict with her husband at the time, Bill. She noted Bill, handled the two older children’s drug use in very different ways. Although Bill is not Jordyn’s biological father, Jordyn considers Bill to be his dad and Bill feels

the same way. According to Amanda, their relationship, too, became complicated by Jordyn's drug use. Amanda explained:

You know, Jordyn took on Bill's [last] name. I mean everything was fine until Jordyn starting getting into trouble and Bill could not deal with it... He was very old school like, "You know what? Kick him out if he is not going to follow the rules. He can go!"... I kept going to counselors and counselors and they kept telling us that that's what we needed to do, that we are doing the right thing... And it feels wrong, but somebody's telling you to do it... Then I would let him back in and he would be right back to doing the same thing... stealing and breaking [things].

Jill, Amanda and Bill's biological daughter, also began to use drugs at an early age, but Amanda feels Bill handled Jill's situation differently. Experience teaches us how to deal with our children. We learn to diaper a child who wiggles by adjusting our actions to better perform the task. We discover the best way to help each of our children to sleep at night. Perhaps it was experience that changed Bill's responses, but it could also have been a difference in gender, or even the child's response that determined Bill's changed demeanour. Amanda commented:

I saw how he reacted with Jill, which was totally different than how he reacted with Jordyn. But he said, "You know that we've been through it! I've learned that the hard way wasn't the right way, so I am trying, you know!"

Unfortunately, Bill and Amanda divorced a few years ago, so Amanda is now left to deal with day-to-day issues alone. She commented:

My life has so much revolved around [Jordyn]. I wasn't even working for a while; I was on leave again from work ... It's very difficult being on my own, you know? No help. I don't have a spouse that is there to support me... My parents are good, but it's not the same. It's just not the same.

Attempting to make sense of the drug use. Jordyn started to use drugs when he was 16 years old. Neither Amanda nor Bill had ever used drugs, so they felt unprepared for this parenting challenge. Amanda commented, "We had always said, 'Oh God, we hope we don't have drug problems with our kids because we don't have any experience' ... Now I don't really want to know what I know." Perhaps this naiveté did affect their parenting because, like us, it took Amanda quite a while to recognize the signs of drug use in Jordyn's behavior. She explained:

I can remember the one spring that was when it really was first happening. His bedroom was in the basement, but he had a big window and it looked out towards kind of a storage side of the house. In the spring, I went out there and there were like 50 apples.... And I couldn't figure it out... Why these apples? And then I looked at them and realized what was happening²... Later, it was dryer sheets³. He would put the dryer sheet in a pop can, so that it would absorb the smell and I couldn't smell it, so I had to stop buying dryer sheets... There were dryer sheets everywhere.

Amanda believed Jordyn's initial drug use might have been linked to a crushing disappointment. She explained, "He got cut from the Grade 10 basketball team, and honestly, I don't know why that sticks out in my head, but it seems like after that he went downhill."

Amanda also believed health challenges could also have played a part in Jordyn's choices. As a child, Jordyn was diagnosed with Attention Deficit Hyperactive Disorder (ADHD). He also had experienced issues with anxiety. Amanda believed Jordyn's drug use might be linked to self-medication. She explained:

He has said it that he self-medicated himself for a week with marijuana, so then he stopped taking his ADHD medication and he would just smoke... He was on *Ritalin*[®] just for a short time then it was *Concerta*[®]... He's always had trouble sleeping... so he would smoke weed before bed because then he could go to sleep.

Although Jordyn has caused a lot of trauma for the family, Amanda still believes he is a good person. She explained:

I guess I believe he is the kind of kid that has needs. He can't do things on his own; he needs support. Whether I've created that or not, I don't know... He has ADHD as well, so his head is just spinning and spinning and he can't actually think, "Okay, you've got to do this, and this, this and this." I just have to have to walk him through the process... "Okay Jordyn, write it down. Don't do it in your head. I need you to do this and then I need you to do this."... Honestly, it's like he's 15 years old, not 24 years old... It's like the social part of his development is not there. ... I believe he is a good kid. I know that he's a good person. He has a good heart, but he just doesn't know how to cope with

² Apples can be used as a filtration device or a pipe for people who are smoking cannabis.

³ By exhaling through a pop can stuffed with a dryer sheet, a cannabis smoker can mask the distinctive odor.

things at all. [In my mind] I have differentiated between Jordyn and drug addict, Jordyn. When he is an addict, and he's out of control, that's not actually him.

As we continued our conversation, we shifted our focus toward memories of Jill, Amanda and Bill's daughter, who also began using drugs at an early age. Amanda believed Jill began experimenting with drugs in Grade 9 as a way to connect to her complicated older brother. She explained:

I never thought I would go down this road with Jill, not in a million years! She saw what we went through with Jordyn and the turmoil in the family... I know when Bill and I separated, that was the big thing, so when she went to high school... They weren't exposed to that in their elementary years, they just weren't, I don't know why. It's out there, but for some reason, in elementary [school], my kids all seemed to be able to stay away from it... I blame myself a little bit, because I was so consumed in Jordyn's life, and honestly, I was so not worried about her. I was consumed with Jordyn and then John was going through some stuff in school and, this might be hard for you to hear, but I [believe] she craved the love of her brother Jordyn, and he never ever gave it to her... Honestly, Zach reminded me of Jordyn so much! Zach and Jill were bad for each other, but yet there was a connection, you know?

I agree with Amanda, Zach and Jill were bad for each other, but they were also best friends. No matter the reason, Zach and Jill were unable to stay on a healthy path together, despite their combined efforts and desire to succeed.

Connecting with the parent community. One of Amanda's positive memories of parenthood was actively participating with her children's community activities. "Hockey for Jordyn, dancing and gymnastics for Jill and then she got into hockey... For John, it was also hockey... [It was both] hockey and lacrosse for the boys." Amanda connected with other parents mainly through her children's extracurricular activities. "That's who we hung out with, the hockey parents and the dance moms." By the time Jordyn was fully into the drug scene, Amanda had already begun to retreat from this community of parents. She explained:

You know what? I started to pull myself away... You're embarrassed and you're hiding. It's that hiding thing. Especially with Jordyn, being the first. I tried to hide from it, big time. Nobody knew. I was trying to deal with it on my own.

As time went along, Amanda chose to connect with a friend, who had been an addictions counselor. She explained:

It was helpful, not that I did anything... I did a lot of talking. And actually, my friend's mom helped a lot. [My friend] and her brother were very involved in drugs. You see, I have never been involved, neither had Bill, so we didn't know how to deal with it. My friend had the user's experience and the counselor's experience. She was my confidante. I talked a lot to her mom as well, how they dealt... "How as a mom do you do it?" And then her brother actually ended up being schizophrenic. He had drug-induced schizophrenia. He actually passed away last year, in a fire.

When Amanda discovered Jill's drug use, she was more open to talk with other parents about this parenting challenge, but felt that she was still going to be judged by other parents. She explained:

It was like, "Oh my gawd, here we go again." It's the whole persona of all those kids... what did their parents do? You know what, twenty years ago, I probably said the same damned thing, too. "Look at those kids, where were their parents? What kind of upbringing have they got?" I felt judged ... And I judged, I judged that kid's parents, I wouldn't even know them, and I probably did say that sometimes. I still hide from it... especially with people I don't know. I'm not bad with people I know or if I can start talking, then I'm okay. I've only been at this new job for five months, now. I know [my co-workers], but I don't know them very well. None of them even know that [my grandson], my son's child, was born. He's right down the hall from me and I go down to see him at my coffee break and lunch, but how do I explain this? My son is a drug addict; his baby is still in hospital because they're trying to wean him off drugs? It's embarrassing. So I definitely have opened up more, but I still keep it inside a lot too, because I know other people will judge me.

Amanda feels she has changed a lot from the naïve young mother who had just discovered her child was dabbling with drugs.

One girlfriend, she's got younger kids, and she's watched me go through the last eight years. She has said, "Oh you're going to know so much when I need your help."... I didn't have anybody to go to. [I felt embarrassed] and I hid it... I didn't even tell my parents... [Back then], oh I tried to hide it. Now? Not at all. I'm not afraid to share my

story with other people and you know what? I have found the more that I've said about it, the more others [share as well.]

Amanda referenced her embarrassment, shame, and how she retreated from the judgmental eyes of the parent community. She and Bill were, for the most part, isolated from support due to the stigma that surrounds substance use disorders. Personally, I think it would have been cathartic to be able to speak with other parents in an ongoing safe and educative environment.

Amanda enjoyed her connections with her peers in the parent community, but when her children's substance use tainted her self-perception as a parent, she retreated from what she perceived were the stigma and judgments of others. I find it interesting that although Amanda feels she can be more open about her life now, she still shies away from the prospective scrutiny that she may have to weather in untested environments.

Stories About School

Moving back in time, Amanda talked about parenting her children during the school years. "Jill had a few academic issues [in school], mostly her math, she had to work, but Jordyn and John were very smart. No problems academically at all." Although academics were primarily strengths for her children, Amanda had other challenges as a parent within the context of school, starting with the early years of Jordyn's education.

Elementary school and learning. Amanda's parenting concerns within the school landscape began due to Jordyn and John's challenges with attention deficit hyperactive disorder (ADHD). "I think sometimes school was a bit of a challenge because both of the boys had attention deficit disorder, so it was always like, 'Jordyn did this, John did this'...starting in Grade 2 or 3." When the school began to contact Amanda about her sons, she felt they were not concerned with the boys' learning, but about their classroom behavior. "They were disrupting the kids and the class." Amanda does not believe the school handled either boy's situation well. "Sometimes I felt like it was more like whining. I wanted to say, 'You're there, dealing... what do you want me to do?'" Amanda felt the schools were not attempting to problem-solve with her, they were simply informing her about her sons' behaviours.

Jordyn was the class clown... You know, he wouldn't do it around us; he would be the clown around the teachers or the coaches, things like that. He wouldn't do it around us. We never really saw that side. He was always very quiet.

The school requested Amanda seek medical help regarding Jordyn and John's behaviours.

Amanda was resistant at first, but later complied. She explained:

The whole ADD thing is a huge epidemic at that age bracket. I think it had a lot to do with diagnosing the kids, or the school pre-diagnosing kids. It was like they were thinking, "Okay, this kid has got challenges, so you'd better take him to the doctor"... I balked it at first, because it was like "they're being kids, they're boys, they're bad." But then, yes, we did take them to the doctor, and they both did go on medication... Jordyn originally was on *Ritalin*®, and then he was on *Concerta*®... And then they couldn't sleep.

After much investigation it was determined that Jordyn is challenged with multiple exceptionalities; He is a gifted learner with a very high IQ, but also has to deal with ADHD and obsessive-compulsive disorder (OCD). I wonder if the schools he attended were ready and willing to respond to his learning needs.

High school. As the children moved into the high school community, Amanda's interactions with the school remained conflicted. She did not view her interactions with this school community as particularly positive either. "I would say with Jill they were better, but with Jordyn they weren't good, no. I mean, they were good until he got into trouble." Despite his exceptionalities, academically, Jordyn excelled in school. He even made the honour roll in his high school in Grades 9 and 10. Amanda reminisced:

He was smart... He was a scholar, very athletic, and he really kind of excelled at everything... So in the second semester Grade 10, we noticed he was starting to slip. And then in Grade 11, it always seemed like he was in trouble.

Her conversations with the school seemed, once again, to focus on what Jordyn was doing that was causing the school problems.

Honestly, I don't remember, and maybe it's that I just don't remember it coming from a concerned caring. You know, that kind of angle, "What can we do?" It was like, "He's doing this, he's doing this"... He was not showing up for class, being disruptive in class, being late, not doing his homework... He took a screwdriver out of the shop and [was caught] trying to get into the pop machine. He was trying to steal... I know that they discussed, "He's using drugs, he's come to school high, he's coming back after lunch and he's high"... That kind of stuff, but I can't recall there ever being a conversation like,

“Okay, what can we do to help this kid?” They just told me to go to Addiction Services and to get counseling from them.

Jordyn also saw the high school counselor, but Amanda did not feel that it was helpful for him, however Jill’s experience with the high school counselor was quite different. She explained:

I didn’t find as much so with Jordyn that they were helpful, but with Jill they really were... So with Jordyn, he didn’t really open up to the counselors, so it became more dealing with the school, “He’s skipping class, he’s not doing this, we’ve kicked him out,” that kind of stuff. There wasn’t really a helpful experience. Really, I just felt they wanted to get him out of the school... But it felt so different with Jill. I don’t know whether it was the time, because there’s six years, just about seven years between them, experience on my part, or Jill being a girl. I think she opened up more to the counselors at [the high school] and they were awesome with her.

Amanda felt the school counselor Jill was seeing was interested in finding solutions. She expanded:

She would call me in. I can just remember her phoning that day and saying, “You have to come in. It’s gotten to a point where we need to sit down and talk.” I had talked to her a few times before that. It was like, “Okay, we’ll try talking to her, we’ll try this and that”... I don’t know if Jill approached the counselor or if the counselors approached her. It was between Jill and the counselors to begin with, and then it just seemed like everything eventually worked out. [One particular counselor] was good to work with at the school. I knew her, I went to high school with her, and so we had a little bit of a different rapport. It just seemed like she was so willing to, not just brush her aside, but would say, “Okay, what can we do?” Right away, she hooked me up with the [alternative high school] and the counselors there, and we went there and talked to them. It just seemed like things progressed and worked out way better. I didn’t even know about [this alternative high school] with Jordyn. With Jordyn, they hooked us up with [a different alternative high school] and we got him enrolled there, but it didn’t work.

Alternative high school experiences. Both Jordyn and Jill connected with alternative high schools for what Amanda hoped would be an opportunity for change. For Jill, the experience was very positive, but for Jordyn, it was just one more disappointment. Amanda commented:

He went to [the alternative high school], so we thought, maybe that would be... and then he just continued down the bad path. He was kicked out of school because he missed too many classes and there was nothing else.

Although Amanda's experience with an alternative high school was not positive with Jordyn, Jill's experience was much different. She explained:

You know what, that school was part of her saving...it was very good for her. I think it was the one on one [connection]. She was very close to the teachers and the counselors out there; they were very close knit, like a close-knit family. She liked being out there because she loved the animals. It just suited her character. But yeah, I think it was just more than one to one personal connection. ... You know, she didn't stay completely clean out there, but it was more personal, which was what she needed.

During the time Jill spent at the alternative high school, she became pregnant. Nonetheless, Amanda still considers Jill's experience as "excellent, absolutely awesome." In June of that year, plans were made to transition Jill to another alternative high school, the one Jordyn had been expelled from only a few years before. Amanda recounted:

If Jill hadn't gotten pregnant, they probably would have kept her at that school. But because she was pregnant, they couldn't have her out there for medical reasons, because it's out of town. Actually it's nice, it worked out being best because she was able to go to the new school, get settled in there, get daycare, and get prepared for the next semester. So, it actually worked out, it actually worked well... You know what? She's connected with a couple of young moms... And these girls had a baby shower for her. You know, her life is going to be different now. She is an adult. She is a parent now. You can't go out on Friday and Saturday night and go partying ... [In this school] she can be with people that are in that same [situation in life.]

Jill and Jordyn had very different alternative high school experiences. Amanda had a prior relationship with Jill's school counsellor and commented on the "different rapport." For Jordyn, missing school resulted in having the school doors closed to him. Jill's first alternative high school was the same one where Buck had found success. However, her transition to the new school was more successful. Perhaps it was due to her pregnancy, and finding a supportive community of peers who could relate to her challenges and worries about motherhood.

Stories About Seeking and Accessing Help in the Community

Outside of the school's landscape, Amanda also looked for support within the broader community. Amanda discussed three main community services where she sought assistance for her children: mental health and addictions services, the local police service, and medical services.

Mental Health and Addictions Services. When Amanda met with the high school regarding her son's drug use, they suggested Amanda contact Mental Health and Addictions services. She described her experience as frustrating and of little help.

You wait and you wait, and then you get in to somebody, and they say, "Oh, take things away from him, strip him of this, punish him." That doesn't work for my kid. The more that we took away, the more that we tried to discipline, the worse he got. I still have people in my life that say, "You've just got to put your foot down." Yeah, well you know what? We tried and it didn't work. It did not work for him. It was the same with Jill. The more we told her not to, the more she just wanted to.

Jordyn has been in and out of treatment centres, but had not managed, at this point, to stay clean. Amanda believes there is a crucial transition that is missing for those recovering from addiction.

Amanda: They need a safe house to go to in between the detox and the treatment because they go back out into the world...

Susan: With no tools?

Amanda: Yes.

On one of the days I spoke with Amanda, she was going through some challenges with Jordyn's current treatment process. Amanda was angry and frustrated with the 'one size fits all' treatment option. Because Amanda knows her son and his history so well, she believes she could offer information about him that could assist with his treatment, but no one was willing to listen.

The other night in [the treatment centre] he was having a complete anxiety attack.... You know, he just has anxiety attacks, and then right away he thinks he needs medication for this... I know, "Okay yes, maybe you do, but also you need to learn to cope with these"... They didn't know what to do. They didn't do anything for him, and he gets so caught up in it that he doesn't even think of what the consequences are going to be... He doesn't think, "If I act out now, I'm going to get kicked out tomorrow. If I act out now [my girlfriend] is going to leave me. If I act out now, I have nowhere to go." He can't

think that... He's in the moment... And then, when he calms down, then he thinks and he's better... They said, "We have to follow protocol, we have to follow policy... And the next day he begged and pleaded with them, "Please, just let me stay." Nope. And he said, "I understand." I understand there are policies, I understand they've got to follow the rules, but everybody is different, it isn't a cookie cutter. Will I ever be free of this in my life? I struggle as a parent. What do I do? You know, he's asking me, [but I want to say], "You can't come home." But then, he gets kicked out and it's like, "Okay, now what do you do?" Do you have him come home where you would know at least he's living and sleeping in a safe place, or do you follow through again?

Neither Amanda nor I feel comfortable, as parents, with the idea of 'kicking out' our children to help them learn. When our kids need us the most, we are told to kick them out, to push them away. Is this what we do in schools as well? Why do we expect those on the fringes to change who they are to fit policies? Why does everyone have to fit in the box? Amanda continued:

In my experience, it has not worked. Rescuing him also hasn't worked. You know, he even said, "Mom, why have I not learned?" I was saying to him, "Jordyn there are rules in life. There is the law; those are rules. If you get a job you have rules and regulations. In school, you have rules and regulations. Other treatment centres have rules. You have to follow [rules] and if you don't, then you have consequences." But he said, "Why can't I? Why after all of this time, have I not been able to? Why can't I do that?" He said, "Mom, I have been kicked out of school, I've been kicked out of the house, I've been this, this and this. It's been going on for eight years!" Yet, he still can't...

Jordyn has been kicked around and out a lot. It is heartbreaking that he has not been able to find a safe place to be, grow, and recover – a place where he is accepted for who he is: A young man with multiple health issues. No one chooses or aspires to this life.

Police services. Amanda's first encounter with contacting the police for assistance was when Jordyn was 15 or 16 years old. As with all of the parent participants, Amanda needed to contextualize the situation in order to remember when it took place.

He was 15 or 16, yeah, he would have been in Grade 11, and he would have been driving. We found some weed on him, and then we found a scale or something.... So, I wasn't at home and my husband found a large amount of weed. The counselors had told us to phone the police, so he phoned the police. They came and they arrested him at the house.

That was his first charge. So he was on probation, but you know what? Still, to this day, he's still in trouble with the law, because he doesn't think the law is the law. It's what Jordyn wants to do. I don't know if it's good luck or bad luck, he seems to just get away with everything, or he gets just a slap on the wrist when he should be... My gosh, how many times can you do this?

Jordyn went to jail when he was 18 years old. He had never participated in any addictions programming prior to going to jail.

He was in jail for six months. He had to go through an addictions program and everything there. He had to go and see an addictions counselor, but again, he is a charmer. He knows how to manipulate and talk to people and say what he needs to say. He's still like that.

Jordyn handled his jail sentence quite well, considering his young age.

I thought he did very well... He was a baby in this penitentiary. He was a little white boy in jail and he got taken care of. He wasn't in the maximum, he was in the outer living. I can't remember what it's called now. People were watching him, even the guards. They said to me, "He's a little white boy, he's a child. We're going to make sure he's going to be okay." It was one of my worst visions, him in his little orange jump suit. It was difficult... [Afterward,] he did stay out of trouble for a while. He got a job.

I wonder what Jordyn would say about his time in jail. I wonder if he, like Zach, felt he deserved punishment for his substance use disorder. Jail was my nightmare for Zach because I knew, in my heart, that it would break him. I knew that it would have been the final straw that would have destroyed any hope for recovering his already very shaky self-worth. He would have hated himself, but he would have hid it well. I wonder if Jordyn really "did very well."

Medical health services. As was mentioned earlier, Amanda had been accessing assistance for her children's behavior and emotional health since checking out the possibility of ADHD in their elementary school years. Jordyn has had a long-standing relationship with his medical doctor. "He's been to our family doctor for years, he knows." As Jordyn grew older, he was referred to a psychiatrist to address some of his issues. "He saw [a psychiatrist] at the university... probably from [ages] 16 to 18. But now, just before he went into detox, he has actually asked to see someone." Now that Jordyn is an adult, confidentiality laws sometimes

complicate Amanda's ability to assist her son, but Jordyn is open about his addiction and accepts his mother's assistance. She explained:

For some of the things they'll say, "Well we can't discuss that with you." When he was at detox, he told them, "You can give my mom whatever information you need." So then they were pretty good about it. You know what? It depends on who it is and what it's about.

Because her adult children encourage her support in their health care, Amanda feels relatively informed, however, she has also discovered frustrating roadblocks to her adult children's healthcare. Amanda commented:

It's a 'Catch 22,' because in some ways, I felt I had more influence when he was a youth, or with Jill when she was a youth, than I do now. Like even calling the treatment centres [for basic information]. They want to talk to him directly. I can't find out any information like, "How long is the wait for a bed?" They have to talk to him. (Recorded conversation)

I thought back to the poster my husband and I saw in the window at Waskesiu. That mother, also, was trying to advocate for her child within a closed system. Why are the people who love and care, being shut out and dismissed from decision making and even the inquiry processes? Why are the people most deeply invested in the wellbeing of an individual considered to be biased and just another person with an opinion. Parent knowledge should count.

Like Jordyn, Jill also saw a psychologist in her youth. Since she became pregnant, Jill has been clean, but Amanda is still concerned for her daughter's emotional wellbeing. "She has anxiety and depression too." Her health care providers have been very careful to watch for any signs of post-partum depression that may lead to a relapse. "She still sees a psychologist and her doctor is really watching her. She said, 'If you're feeling anything after [the baby is born], you phone me and we'll get you started on something.'" It is gratifying to see that Jill's health care providers have recognized the link between depression and possible relapse. I am very happy to see that she is being cared for in this manner.

I find it interesting that when a patient struggles with a recognizable and socially acceptable medical condition, health care providers are diligent and caring in their responses. However, it seems that when substance use comes into play, they are treated as if they are disposable. Perhaps it is society's notion that substance use disorders have come from a moral

choice. As I mentioned earlier, “Drug and alcohol dependencies (often referred to as addictions) are considered disabilities in human rights law” (Saskatchewan Human Rights Commission, 2011). I wonder if schools recognize that students who suffer from substance use disorders have not aspired to this path any more than someone who suffers from another illness or disability.

Amanda’s Life Now

Amanda is now a grandma of two children, the mom of two adults recovering from a substance use disorder and a newly graduated young man. According to Amanda, Jill has mapped out a plan for her life. Despite the challenges she faces, Jill is determined to succeed. “[Jill’s] definitely got goals. She says, ‘I want to live on an acreage and I’m going to have it paid off so I can travel and do things.’”

Jordyn is still struggling with addiction, but now has to also deal with the added pressure of being a father. Amanda’s youngest son has recently graduated high school and is doing well. Like her daughter, Amanda is determined to stay as positive as possible. “There are always problems, there are always struggles, I mean, that’s life.

Musings and Concluding Thoughts

It was wonderful to meet with Amanda. Her perceptions of Jill’s recovery and possibilities for her future warmed my heart. I miss Jill. She was a part of our family for many years, but every time I see her, it is a bittersweet experience. I am embarrassed to admit I am envious of this part of Amanda’s life. I wish Zach could have found peace in this life as well.

On the other hand, Amada’s ongoing struggle with Jordyn seems overwhelming. For me, her narrative really highlighted the personal cost parents pay because of the stigma and lack of support associated with this health issue. “Will I ever be free of this in my life? I struggle as a parent. What do I do?” Without prior understanding or experience with drugs or other substance use, how can parents know how to proceed? Amanda spoke about retreating from other parents, hiding in shame and embarrassment, but also about the relief she felt with being able to share her story with people who understood. She spoke, too, about her instinctive rejection of exclusionary or punitive actions as solutions and then questioning that response. As parents, we are programmed to protect our children, especially when they are ill or suffering. How can pushing them away or punishing them be the right thing to do? Although parenting can be rewarding and enriching, I wonder if dealing with challenges, like substance use disorders, could be more easily unraveled in a community of parents. Amanda and I knew that our children, Jill

and Zach, had a strong connection, and that their drug use was a concern. I wonder how our lives would have transpired if we had pushed aside the barriers of shame and blame to work together to help our children and ourselves.

In school, Jordyn's struggle with exceptionalities, particularly ADHD and OCD, complicated his school life, but he still managed to excel, at least until drug use changed his path. Amanda felt the schools' responses to Jordyn's drug use were protectionist, focusing on reporting his behavior, rather than exploring possible solutions or coming from a "place of care." I found it interesting that Jill's school and counseling experiences were much different than her brother's. Perhaps Jill's gender or personality was a factor. Perhaps Amanda's experience was more positive because she already had a relationship with the school counselor from her high school days. Maybe, it was just good timing. Nonetheless, Jill is firmly on the recovery road, and that makes me very happy.

As I re-read the narratives shared so far, I was struck by the similarities in Amanda, Sally and Phil's descriptions of their sons as little boys – shy, sweet, and very intelligent. Just like Zach. Even in Zach's darkest days, I still could see that sweet boy beneath the suffering, angry teenager. I always believed Zach was mostly angry with himself, that he hated the person he had become, and considered his illness to be a personal, moral weakness. Amanda, too, was able to see her son through the darkness of substance use. "I have differentiated between Jordyn and drug addict, Jordyn. When he is an addict, and he's out of control, that's not actually him." Perhaps schools can learn from Amanda. Perhaps it is time for educators to differentiate between students and their substance use disorders and to look for more inclusive ways to address their needs.

Chapter 6

Jeanne and Maurice

It had been 18 months since Zach's death and a lot had happened during that time, personally, professionally and academically. Aside from working through grief and trying to find the new normal in our lives, I had also had a lot of changes in my professional life as a teacher. Returning to work was very difficult. I really did not want to return to the classroom. Just thinking about trying to be responsive and supportive for other parents and their children, especially in my unpredictable emotional state, was overwhelming. My concentration was fractured, my tolerance was inconsistent, and it was hard to think.

After some negotiation, I was afforded the opportunity to escape somewhat, by taking on two part-time teaching assignments. The first was a glimmer of hope for my future. Teaching at the university as a sessional lecturer was something that had been on my bucket list for a long time, so I grabbed the opportunity with both hands: one hand for the excitement of the new challenge, and the other for a way to avoid the classroom situation I dreaded. I actually do not know if I should apologize or be proud of the work I did there. It is a very fuzzy memory.

The second assignment was not at all appealing to me. I was asked to teach in two classrooms in a school community where I had no connection, and both assignments were new grades or subjects for me. Although I know the school administration was looking for a good fit for my bizarre situation, a lot of preparation was required for a teacher with limited brain function, at least that is how I felt. In September of the following year, I was back in the classroom, in a grade level I had not taught for many years and in a school with specialized programming. It was difficult on many levels, but especially when a student in my care disclosed an ongoing substance use problem.

Academically, I was trying to make sense of everything that had happened, what I was learning from my participants, the literature I was reading, and how it all connected. I was ready to converse with my final participant family, and I was excited to see if the themes that had begun to emerge would play out in their stories as well. Originally, I had selected a different family to participate in this inquiry. Thankfully, I did not approach them earlier because, as time

passed, I realized our relationship could potentially become very complicated and difficult, especially as the inquiry came to an end. I believed the best course of action was to look for another option. I did not have a prior relationship with Maurice and Jeanne. A colleague from my new school, who knew I was looking for another family to participate in my study, suggested we connect. She knew this family's story and felt they would like to have their voices heard. After some initial phone number and email sharing, we connected by telephone and set up a meeting at a local coffee shop.

Connecting with Jeanne and Maurice

Once again, I was a bit nervous to meet this couple, mostly because I have always been shy about meeting new people. I knew almost nothing about their story, except that they had gone through some difficult times with their son. For some unknown reason, that week had been particularly difficult in my healing/grieving process, but I never expected to fall apart in front of relative strangers when they asked me about my family. The questions were so simple, "So, how old are your kids? ... And the one in heaven?" (Jeanne). The emotion hit me like a hammer, and I tried desperately to hide the instant tears. Not a very professional way to start a conversation, I know, but I guess it broke the ice. Perhaps it put their feelings of vulnerability to rest and opened the door for a frank conversation.

Jeanne and Maurice have four children. At the time of our first conversation, their ages ranged from 26 to 19 years: two boys, a girl, and then their youngest son, Pierre. Both Jeanne and Maurice are very strong in their faith. "I think the faith base is important. That has always been what got us through everything" (Jeanne). Although Jeanne was born into a faith-filled family, Maurice was introduced to the concept of church as a young boy. He commented:

My dad made us go to church. He didn't go, but he said, "You know, we are in Canada now, so you have to be Canadian." He would encourage us to embrace Canadian tradition and culture. He basically said that if China were so great, we would be living there... I can't really remember how to speak the language, and the Chinese that I learned to speak is a village dialect that my grandma taught me. It's not Mandarin or Cantonese... I have a hard time hearing it now; I don't hear the inflections as well as I used to.

Maurice's family wanted him to assimilate into the Canadian culture, and they saw going to a Christian church as one of the ways he could begin to fit in. I find it interesting that his

grandmother taught him their language despite his father's wishes for the children to speak only English.

Both Jeanne and Maurice went to college; Jeanne graduated from therapeutic recreational technology, and Maurice graduated from the College of Engineering. After college, Maurice worked in the machining industry for many years and is currently working in the mining industry. Jeanne works in schools.

Stories About Family and Parenting

When I first asked Jeanne and Maurice about their experiences as parents, Jeanne clarified by asking, "In general? ... Because there were four of them and each experience was a little different and it's ongoing, still." In just a few sentences, Jeanne highlighted that parenting is a life-long journey and recognized that each child is born into a different family, bringing to it their personalities, strengths, and challenges. With this in mind, we continued our conversation.

It was obvious to me that Jeanne and Maurice spend a lot of time talking to each other about parenting and their children. They often finished each other's sentences and recognized the strengths of their spouse. Maurice laughed about his naive misconceptions of parenting as a young and single man. "I knew a lot more about kids before I had kids. Once you have them, all that opinion is just gone, and they are all so different... Each one is an individual..." Jeanne and Maurice see their children as gifts and they truly enjoy each of their children. They commented:

Jeanne: I don't have a favourite. There is an enormous spot in my heart for each child in a unique way...

Maurice: And that spot has a lot to do with their personality and their interests.

Jeanne: When I think about [our second oldest son], I think about my upside down kid, because he loves nothing more than to do a backflip or do something crazy. He just brings a smile to my face when I watch him do his antics. But he's also that calm, centred, gentle child. So each one of them has [something special]. And that's what I love about parenting, that each child has got such a special place.

Life-long parenting in relationship with each other, with their children and within their faith seemed to be the theme of their parenting journey. However, this road, although travelled in fellowship, has been riddled with potholes and detours.

Being parents. Growing up, Maurice and Jeanne had very different parenting role models and expectations. Maurice came from a very strict immigrant family and Jeanne's parents were much more relaxed. Jeanne commented, "Maurice was raised very strict, and I am the youngest of five. My parents were older, they were already 35 when they started having children, so you know, life circumstances and everything."

As parenting partners, Maurice and Jeanne have not always agreed about each course of action, but despite their occasional philosophical differences, they have tried to provide their children with a united front. They explained:

Maurice: We don't always agree, but we agree in front of the kids. It's hard because Jeanne had chosen to stay at home, and we made do with that, but being with the kids all the time can [be difficult]. I can't expect her to be disciplinarian because in the end...

Jeanne: I could never have been; I am way too soft.

Maurice: So we each had our roles and you know I was...

Susan: I can't imagine you being the tough guy.

Maurice: Oh gawd, you have no idea!

Jeanne: Way overboard, and then I would get the talk. "How am I going to get out of this because I grounded them for a month?" So you know, [then we would compromise]. "Okay, if you guys do these things, then we will give you a week off for doing this and you will only get a week."

Maurice: And it's interesting when they grow up. When they're kids, you are a hard ass and they are scared of you and then, when they grow up, they realize, "Yes, he was just doing that." ...

Jeanne: Yes, he was always strict, because that's how he was raised.

Maurice: But, I backed way off. I mean, I didn't have the same expectations for school.

Jeanne: Absolutely and you know we found a balance, we found a happy medium, eventually, you know?

Maurice: Sometimes.

Jeanne: We struggled here and there, but we always found a happy medium for everything.

Looking back in time, Jeanne and Maurice reminisced about happy moments in their parenting journey. Maurice found joy in their children's learning adventures.

Maurice: [It was fun] seeing the kids learn something. Like, the first time I took Randy skating, teaching him how to skate, you know? The first Tae Kwon Do thing that we took Ian to... You know how flexible he was! Remember that stretch? You're supposed to see how far you can reach your head to the ground and he went "thunk" because he was just that flexible. Remember that?

Jeanne: Yes.

Maurice: I remember Tori. I remember her first track meet, too. She was shy, and I always thought, "I don't want the kids to be introverted and shy like me." She just took that girl's hand and went off without us.

Jeanne: Yes and she ran her race...

Maurice: She ran her race.

Jeanne: She was Grade 4.

Maurice: I remember her and her dance classes. She wasn't a dancer; she just couldn't wait to do the jumping part... Pierre just laughed at everything. I still love that laugh! And that soccer... It took one game to catch on and then after that, parents would panic if he was late because he...

Jeanne: Because he was so good.

Maurice found joy in seeing his children learn and experience life, but for Jeanne, parenting joy came in moments of freedom and fun. She explained:

Jeanne: The most fun thing for me was when we would do things like go to the beach and everybody just played. To me, those free times, when everybody was just playing and being silly and running around and there was no structure and everything, was just fun, to me. Those were the best part, the best. Yes, when there is that free time, when everybody is just being themselves and having fun and being together. Being together, but running around, you know?

Maurice: Driving to the lake, listening to story time.

Jeanne: Yes, being together is the most important thing... Even now, when we all get together for family supper, there are times when the conversation just gets stupid... And you just roll your eyes and say to yourself, “I wanted to have family supper, I got family supper!” But I still love it.

Jeanne and Maurice reminisced about the happy and fulfilling aspects of parenting with different perspectives, but they enjoyed each other’s recollections and relived those moments as a team.

When they examined the more problematic aspects of their parenting journey, Jeanne and Maurice targeted dealing with racism as one of the more difficult challenges. They explained:

Maurice: I grew up in the only Chinese family in town... So, seeing my kids go through some of that was really hard. I can take it myself; it doesn’t bother me anymore, but to see our kids go through it? That was really hard.

Susan: Did they deal with racist comments?

Jeanne: Yes, they did.

Maurice: Not a lot, but some.

Jeanne: A lot of people think our children are First Nations. We know that First Nations kids don’t get treated well in general. Well, I do now.

Although the couple viewed racism was one of their main parenting challenges, the other difficulty they discussed was dealing with schools and teachers. I will explore this theme within the context of the school experience, later in this chapter.

Introducing Pierre. As Jeanne mentioned earlier, every child brings to the family their uniqueness. Although they have concerns for all of their children, it has been their experiences with their youngest child, Pierre that brought us together for this inquiry. At the time of our first conversation, Pierre was 19 years of age. His parents described him as a small in stature, but physically strong. Jeanne proudly showed me a picture of Pierre, “That’s our boy... Isn’t he gorgeous?” As we talked about our children, it became apparent that Pierre had a lot to handle in his life, even as a young child.

Pierre has suffered from physical and mental health issues since he was a young boy. Physically, he deals with asthma and stomach problems and his mental health challenges have included anxiety, depression and attention deficit disorder (ADD). They explained:

Jeanne: He has got all this stuff already going against him, he is chronically ill, asthma and stomach. He is also ADD... We worked so hard to keep him out of the hospital. When fall was coming, we would bump up his puffers and he was very good about it. When the snow mold was coming, ...we would start increasing the puffers. He regularly saw specialists and everything to try to make sure and he did the tests in the box and all those things a couple times a year. He still ended up in hospital, admitted to hospital twice a year for about five years running: every spring and every fall.

Susan: So then the stomach issues, do you know their cause?

Jeanne: ... He went through extensive testing, I mean...

Maurice: Upper GI; Lower GI.

Jeanne: He had to go under anesthetic to get the tests done and everything, but nothing was ever found...

Maurice: I am convinced that it is anxiety, because whenever he is under stress you can see...

Jeanne: You can see, they correlate completely.

Pierre has struggled with these health concerns for years. The list of his medications is very extensive. Jeanne explained:

Well, the list of medications that Pierre has been on in his life, in his few short years, is extensive. He could not sleep, so he was on a medication to help him sleep; he had anxiety, so he was on an anti-anxiety pill; he was on an anti-depressant, and there were times where he was also on *Concerta*® for his ADD. He was also on medication for his stomach, and medication for his asthma.

Pierre's life has been quite a rollercoaster. Added to the list of health issues is also depression, which has been very difficult to manage. Although he has been through a lot, medically, his parents expressed their belief that he is beginning to manage his health in a more proactive manner. At 19 year of age, Pierre continues to live with his parents and has chosen to work part-time. Jeanne explained:

He only works four days a week because he felt like he needed an extra day off for his mental health. He lied to his boss and told him that he has classes on that day or

something ridiculous... So he has struggled, day-to-day, but not as much as he used to... There is an improvement. We talk about it all the time and we see improvements all the time. Depression can come out in different forms... Not everybody lies on the sofa curled up in a ball eating ice cream, right? Pierre's is anger. He is an angry person...

The family began to notice Pierre's anger as a child. His parents remembered:

Maurice: Well, when [Pierre] was going to elementary school, we had our nephew live with us and he created these cartoons called, *Angry Pierre*.

Jeanne: And at the time, everybody thought it was funny. You know, it was a big joke, this cute little kid, because he was very small for his age.

Pierre's anger continued to explode and, as he grew older, it became much less of a joke for the family.

Anger manifests itself in many ways and Pierre's physical responses affected the entire family. Jeanne and Maurice explained:

Jeanne: It is hard for the whole household. Sometimes things were thrown through walls and sometimes they were fists, but not any more, we have not had any fists through any walls in our new house.

Maurice: Well...

Jeanne: Well, we are not sure about the door.

Maurice: There are the knuckle marks upstairs, there is the closet door that got broken. He just has to tell you some of this stuff. You can fix drywall.

Jeanne: It is just a wall, it is just a door and we see it less and less. We see more and more control and more and more joy and more happiness in him all the time.

Maurice: He has a hard time admitting that something is actually making him happy. Like if you point it out, then he will say, "Well, no," that it is not.

Jeanne: Yes, he likes to... He fed off that anger and that depression for a long time, it served him well in some ways, I think.

As he matures, Pierre is attempting to take control of his life's challenges. Jeanne and Maurice are much happier with the change in their son's behaviour. They explained:

Jeanne: He does mixed martial arts fighting, so he trains quite a lot. Most nights he goes straight from work to the gym and he trains.

Maurice: Which is good for him.

Jeanne: It is really good for him and he has recognized that he needs physical activity to help his brain. He has stomach issues, so he feeds himself. He tries to eat six times a day to try to help with his stomach problem... He is starting to figure things out.

Maurice: But it has been kind of a long road.

Jeanne: It has been a really long road.

Pierre's depression. Although I knew Maurice and Jeanne had a story to tell about drug use, I was somewhat unprepared for their story about their son's attempted suicide. Once again, these parents struggled with chronology. The feelings and the experiences were vividly etched into their memories, but the surrounding details were fuzzy. Jeanne calmly explained what happened that terrible day:

We were trying to wean him off an anti-depressant and there were things going on at school, or issues at school. There were all these things going back and forth, and in the weaning process... I do not even know if this was why. We do not know why, or if it was just the depression. We knew that that drug was not good for him and we were trying to wean him off it and we had a schedule. He was down to Monday, Wednesday, Friday, ... The next week we would probably have taken him off completely. The Wednesday pill got missed and you know, mom blames herself, but he is still alive and I am not doing that anymore. It was Friday night and I was thinking about him. I was upstairs and I thought, "I am going to go down to see how Pierre is doing. He seemed really upset today." I got downstairs and I found him in his closet with a noose around his neck and he was leaning against the wall completely broken down, completely broken down, and he was trying to hold himself up because at some point, with that noose around his neck, he realized he did not want to die... I am so lucky; we are so lucky. He could not get the noose off his neck... And he was just leaning against the wall in the closet in indescribable condition, and I could not get him free. So, I screamed for Maurice and I just held him so that he would be okay. And then Maurice came and we got him safe and he had not actually damaged himself. It was actually a belt, not a noose and we took him to emergency where they admitted him to [the youth psychiatric centre],

which had just opened. It was a beautiful place. Unfortunately, days later, my dad passed away. It was a little bit of a stressful time. I took a leave after that.

Wow, "... a little bit of a stressful time." What an understatement!

I was in awe of this couple's strength as Jeanne relived and retold this shocking event. I envisioned the situation in my mind, and felt their parental anguish as if it were my own. I looked over at Maurice and asked him if he, too, had taken a leave of absence from work. He replied, "I can't even remember what happened. Everything was just, it just all happened at once, I mean Ian's grad was near then..."

Jeanne quietly corrected him, "No that was earlier, dear." Once again, traumatic experience had lost the cohesiveness of chronology.

Although I was shocked about their experience, what was even more disturbing to me was what they shared next. Apparently, this was the first real suicide attempt by their son that they knew about, but he had come very close to completing the deed while in elementary school. Jeanne shared this story as well:

[Pierre's older brother] was graduating from Grade 12, so Pierre was in Grade 8, the first time that he had attempted suicide.... Or that he had thought about it. He said he rode his bike to the bridge and sat on the bridge for an hour and thought about jumping off the bridge. And it was two days before Ian's high school graduation, so we phoned and got him an emergency appointment the day of Ian's grad, so we went...

As I attempted to assimilate what I had heard, I asked the couple, "Don't you just wonder sometimes how you are going to live through all of this?"

Jeanne replied, "Oh honestly, it is like, 'Really? What else could happen here?'"

Sometimes my dark sense of humour gets me into trouble and this time I stepped in it by commenting, "And it almost gets comical after a while... 'Wait a second isn't the house going to burn down?'"

Well, much to my chagrin, their house had burned down. Jeanne explained:

Jeanne: Yes, Oh we did have a house fire.

Susan: Oh. (I'm thinking, "Wow, I'm definitely not going to be crowned doctoral candidate of the year! Way to go, Susan!")

Jeanne: But that was before all this.

Maurice: That was before all of that other stuff.

Jeanne: Pierre was not even in school yet, so it was all, good.
Maurice: It was just a house.
Susan: It was just a house. Funny how a person's perspective changes, isn't it?
Maurice: It really is.

No more words needed to be spoken. We knew how trauma had changed our perspectives. What we once considered to be life-changing stress is now considered to be a minimal issue. When you are fighting for your child's life, everything else is "just a house."

Community activities. As was mentioned before, Jeanne and Maurice found great joy in their children's activities. Each of their children participated in community activities, mainly sports, and they all seemed to excel. Pierre was active in soccer and he was a very good player. Pierre played at the top level for a few years, but his parents felt that less competitive divisions were a better fit for their anxious son. They explained:

Jeanne: He played a year of Division 1 soccer, but always Division 2 otherwise...
He loved soccer...
Maurice: He was very good at it.
Jeanne: He was a good soccer player.
Maurice: And I am glad he was not in Div. 1, because he could not take it. He was too driven and the stress would have killed him.
Jeanne: He had fun because he was always the goal scorer in Div. 2, whereas if he had been Div. 1, he would have done a lot more time on the bench. In Div. 2, he could be one of the better players and shine, and it was the only thing that sometimes he would get. He would get so angry at himself or at a referee or something and I had to say to him once on the way home, "If you are going to be this negative after a game, you are not playing anymore. This is supposed to be a healthy thing; this is supposed to be good for you. If this is going to make you so angry, then quit playing."
Maurice: I think that impacted him, because he took a lot of pleasure in setting up goals for other kids.
Jeanne: Yes he loved to make sure that every kid on the team got a goal.

Jeanne and Maurice believe that Pierre had good coaching throughout his soccer experience. There was only one coach that was a bit too intense for the parents' comfort. They remembered:

Jeanne: You know there is one coach that knew how good he was and he wanted to control him, so we would hear from the bench, “Pierre! Pierre! Pierre! That was all you heard all game... But he was his best friend’s dad.

Maurice: He just ignored him most of the time.

Jeanne: The first season that he had him, it kind of bothered him. He did not know how to take it, and then after that it was like, “I am going to ignore him.”

According to his parents, coaches did not marginalize Pierre as a young player and he had good experiences with playing soccer. But later, when he was older, and drugs were already impacting his life, things became more complicated in Pierre’s soccer world. They explained:

Jeanne: After Pierre was into the drugs and everything... you know, when the soccer team changed so that they could sort of put their own teams together, he had this one same coach who, by that time, was not going to play with Pierre anymore. [The coach] stacked the team and it was all of Pierre’s friends and he left Pierre out. Pierre did not have a team from our neighbourhood to play on, and he ended up playing on a team from another area and he hated it, hated it.

Maurice: That was when he was older though.

Jeanne: Yes, that was when he was older and he was already into drugs.

Soccer was a positive experience for Pierre and his family. Unfortunately, his experiences ended on a more negative note. I wonder if Pierre’s drug use affected his coach’s decision to exclude him from his team or if this rejection further impacted Pierre’s depression and feelings of belonging?

Pierre is still physically active and his parents believe it is a positive outlet for him to stay healthy and emotionally balanced. Currently, Pierre’s passion has become mixed martial arts fighting and his parents still support his competitions. Jeanne showed me some pictures of her son after one of these competitions:

Jeanne: That is our boy. That was his first mixed martial arts fight. That is why he has blood all over his face. He was pretty proud of that fight. That is him, throwing a punch.

Susan: So, you must be proud when you go to watch.

Maurice: It is a mixed feeling... Because if he gets hurt and you're not there, then what happens? If you're there, you do not want to be there.

Jeanne: Somebody actually said to me, "Are you really, are you going to go to watch?" And I said, "Of course, I am going to watch. How could I not go watch him?"

Susan: It is scary though, isn't it?

Jeanne: Oh, it really is.

Maurice and Jeanne continue to support their children's activities, cheering them on in their lives and, especially in Pierre's case, occasionally covering their eyes.

As I mentioned before, memories are often chronologically challenged. Maurice and Jeanne moved back in time, again, to when Pierre was about 13 or 14 years old.

Jeanne: We are kind of jumping all over here. Well, you remember things as they pop up.

Maurice: It is not until you think about it. For me, I do not remember the bad things. "Yes, that happened. It was kind of a blur. Done." But you know, I remember the things that worked.

Looking at a more extended community activity, Maurice and Jeanne recalled their son's very positive experience with summer camp.

Maurice: We got Pierre to go to [a wilderness camp] and that was awesome. That was best thing we did.

Jeanne: Best thing we ever did.

Maurice: Best thing we did for him... Yes, because he learned to rely on himself. The first time I think he was...

Jeanne: 13, 14, and 15... Or was it 14, 15, and 16?

Maurice: 16, because he bought that Jeep when he went.

Susan: So how did he manage at the camp without using drugs, or did he take something?

Maurice: He managed. That is why we knew, "Yes, you do not have to have this."

Jeanne: But he had his other drug and his other drug was wilderness. It was nature, and he was where he needed to be. I do not know if you know much about [this wilderness camp.]

- Susan: I have been up there. Yes, I took a class there once.
- Jeanne: It is amazing! You get to camp at the older ages anyway, younger ages they only go for one night or whatever, but by the time you are 14, you arrive there on Wednesday and then on Thursday morning, you put your pack on your back, and you head out, and you are gone for seven nights.
- Maurice: If you did not bring it you do not have it.
- Jeanne: And then, the third year he went to this camp, he did the three-week adventure where they are gone for three weeks. He swam a lot, and when you grow muscles on a little skinny body like that, you see them. He would come back and all you could see was these ripples of muscles on his back and it almost looked gross, because there was not much to eat, but lots of work... I remember crying the first time when I saw him, because he had this big huge grin on his face... We had not seen a smile like that on his face for a really long time.
- Maurice: We were so worried that we actually went to Candle Lake the night before so that we could be there early to pick him up, in case anything was wrong.
- Jeanne: It was the best thing that ever happened to him. And to this day, he still loves to go fishing with his buddies.

Sports and camping seemed to be a good fit for Pierre. He loved the outdoors and was able to find joy and peace within nature and green space. According to his parents, physical activity seems to help Pierre stay balanced in life. Soccer was also a passion for Pierre. For the most part, he excelled, he was generous with his teammates and he felt good about himself and his soccer experiences. It is interesting that what was a strong positive in his life became the object of “hate” once he had been discarded by his coach and was unable to play with his social group. Once again, it seems that a sense of belonging is necessary for happiness.

Discovering Pierre’s drug use. Jeanne and Maurice had both experienced the drug culture in their youth. Jeanne commented, “I grew up in a small town and that is all we did. I smoked pot, plenty.” Maurice is unable to metabolize alcohol, so as a young man, he had also tried marijuana. “I did a bit, because I could not drink.” Most of their children have inherited this difficulty with alcohol, but Pierre seems to have the most difficulty. Jeanne explained:

About three or four months ago I had Pierre in the hospital. Because he was 19, he was at the bar. He did pre-drinking and all that stuff, and said that over the course of the night, he probably had 12 drinks. The next day, he started to get sick and as the day progressed, he got sicker and sicker because his body could not metabolize the alcohol that was in it. He ended up throwing up so much that he was throwing up blood and they had to put him on I.V....

Maurice and Jeanne were not totally new to the drug culture, so I wondered if they saw the signs in their son sooner than my husband and I did. Is there an advantage to having a bit of personal experience?

Although the parent partners realized their son was dabbling with drugs, it was not until after a soccer game in Pierre's Grade 9 year, when they became aware of the extent of his challenge. They recalled:

Jeanne: My girlfriend was the one that told me if that shower is running a really, really long time, there's a good chance he is smoking pot in there. You know, the fan is on, and the steam and all that ... it was right after she said that, like maybe two weeks later. We had just come home from a fabulous soccer game, they had won, he was celebrating, and everything was great...

Maurice: He had played well.

Jeanne: And we were upstairs chatting away and I thought, "That shower has been going a long time." So, I went downstairs and I listened and I could hear the lighter flick, flick, flick, flick and I went upstairs and I said, "Maurice, he's probably not dressed, but you need to go into that bathroom right now"... That was when I first was shocked at the extent of it, because I knew he was dabbling, but I thought...

Maurice: We thought, "Well, he's doing it when he's had a really bad time and you know..."

Jeanne: He's using it to self-medicate.

Maurice: And we'll get through, and then he won't kill himself, so I will look the other way... We suspected before that, but that is the first time we knew for sure.

Before this incident, Jeanne and Maurice had spoken to Pierre about drug use. He admitted to having tried marijuana, which had eased the parents' fears. Unfortunately, he was more invested in drug use than he had let on. They explained:

Jeanne: Pierre is a talker and he is very open with us and I think we got it out of him once before. We talked to him about pot, because we had seen an article about pot affecting the teenage brain and stuff like that and we were worried about him.

Maurice: Yes, the schizophrenia thing...

Jeanne: Yes, and he was honest, I think, and said that he had tried it once or something or like that. I remember sitting and having a big conversation with him about it and he was very cooperative. Well, it was all lip service, because it became his lifeline. He was convinced, and to this day he is convinced, that it was the only thing that kept him healthy, mentally healthy and physically healthy. Because he has stomach issues he believes, and is firmly planted in this belief, that marijuana is what is helping him get by.

Jeanne: He is dead set and adamantly opposed to anything other than pot. Will not touch anything else... He tells us he has never tried anything else. He actually phoned me once from a party and said, "Can you come and get me? My idiot friends are doing coke and I want to get out of here. They are so stupid! I am so mad! I want to get out of here!" That was like, three years ago.

Hopefully, Pierre was being honest with his parents about his drug of choice. What I found so interesting was the correlation between the excuses Pierre used for choosing marijuana with my son Zach's arguments, and the creative ways they chose to use this 'all-natural' ingredient.

Maurice and Jeanne discussed their son's rationale and experimentation:

Jeanne: So, he is all about the natural and what is natural, at least what is to him.

Susan: I am laughing because I have heard that line, "It is all natural, mom."

Jeanne: Oh yes, well so is arsenic, and mushrooms are all-natural things, too. Lots of things are natural. It does not mean that they are good for you. It does not mean that they are okay... So, he actually got to the point that he was

obsessed, and that also has improved. He was so obsessed with pot that he went online and figured out how to make...

Maurice: Butter.

Jeanne: Butter. Somehow, you put it in a concoction of, I do not know, rubbing alcohol...

Maurice: That is when your electric pancake grill went missing.

Jeanne: Some of my dishes went missing, like a lasagna pan went missing, because he would use that glass dish to boil, and we had boiled marijuana mixed into the butter... I mean how many of us know how to concoct some kind of bizarre marijuana butter?

Maurice: In your parents' house...

Jeanne: Without them finding out... Pierre just found it on the Internet, I think.

The Internet had been a constant source of information for my son, Zach's creative drug endeavours as well.

Susan: For us it was pop bottles.

Jeanne: Oh yes, those cut off pop bottles.

Susan: I found them all over the yard.

Jeanne: I found one just yesterday in the yard. I thought, "Are you kidding me? You are still doing this?"

Susan: Yes! Zach's been gone for two years and I still find them occasionally.

Jeanne: It's only been two years?

Susan: So, you know what? There are worse things.

Jeanne: Exactly.

Susan: You have to pick your battles.

Jeanne: Yes.

Susan: Like you said before, it's funny how you get more permissive as the stakes get higher... Oh my, I threw out a lot of bongs, and a lot of pipes.

Jeanne: Oh yes.

Maurice: Bags full.

Susan: The first time, I found a bong and some marijuana; I didn't know what to do with it. There I am, thinking, "I am not going to throw it in our

garbage can, because he will find it. So what am I going to do?” So there I was, wandering down the back alley with this stuff, looking for a safe place to throw it out. So finally, I found a [large garbage] bin and I threw it in there. The whole time I was thinking, “What if somebody came and found me? What if I were caught? I could be charged!”

Maurice: The first time I threw [a bong] away, I was careful not to break anything because it’s glass. The second time I threw it away, the same one, I smashed it all up with a baseball bat while it was in the garbage.

Jeanne: Isn’t that funny? “I am going to be careful because it’s glass.” ... You know, a person can laugh about it because it is just ridiculous.

Susan: It is, and if you don’t laugh, well.

Jeanne: Yes, what else are you going to do, right? ...

Maurice: We do not even remember the down side. Did he run away or did we kick him out when he was smoking drugs in the house? Anyway, because he had all his wilderness gear, he just went and camped outside. It was no big deal for him.

Jeanne: Yes, we kicked him out once and he went and lived in the grasslands.

Maurice: You adapt though, and we went from absolutely no drugs ever, to “Do not smoke it in your room,” to “If you smoke it in your room, I do not want to know about it.”

Jeanne: I think the only thing that caused a really big division between us was that I was finding things and not telling Maurice... He had such a stressful job and there was so much going on. I would not tell him... I would just say, “Pierre, get this out of the house, get rid of this.” And the damn thing would surface again. He would just shuffle it between friends’ houses, these bongs. Because you cannot just smoke a joint anymore...

Maurice: It was not just the bongs, it was the oven and the dehydrator, Pyrex™ pans and grill.

Jeanne: All kinds of stuff...

Maurice: Pierre had that snow hut out by the fence...

Jeanne: I was just going to say, one winter, he built a snow hut in the back, and it was an amazing hut. He would spend a lot of time out there. It was good for his mental health, just being somewhere where he could be alone...

Jeanne: But it became his pot-house.

Maurice: And then he moved it to the shed... But it just comes down to the basic thing, you know? How much does this matter compared to him hanging by a closet rod?

Jeanne: And oh, you are not going to get your Grade 12 this year? Who cares! I am sorry for you.

Maurice: You're alive.

It was good to have a laugh about some of the difficult things we had done as parents. Priorities can change drastically when the basic needs of our children shift to address their very survival. What seemed important in the past can seem so trivial.

Pausing for a moment, I realized I had become much more accepting of the nonconformists and outliers in my teaching practice. I am more willing to meet students where they are, rather than expecting them to somehow magically adjust to the standard or adhere to so-called acceptable criteria. I wonder if I have become more laissez-faire or more open-minded. Maybe I am just more willing to look beyond the obvious, to see the person behind the actions.

Attempting to make sense of Pierre's drug use. When I initially asked Jeanne and Maurice if Pierre had begun to experiment with drugs in elementary school Maurice replied, "He had a horrible time in elementary school, so I would not be surprised." They agreed that Pierre's drug use was related to his depression, but also that it may be attributed to the misinformation easily available through the Internet. They explained:

Jeanne: I think it was a lot to do with his depression.

Maurice: It started out that way.

Jeanne: I think he went online and he was convinced that it was the only answer for him.

Maurice: We got that full argument that the war on drugs is all about America trying to bankrupt Mexico and all of that political stuff... Really well formed arguments on why it should be okay, and all the benefits [marijuana] has,

and all the research that shows that it's the best for everything and it's the cure all.

Jeanne: Oh, it cures cancer! It cures everything. You can find anything to support whatever argument you believe in.

Although Pierre's depression may have been the motive behind his substance use disorder, Maurice and Jeanne felt the Internet played a major role in creating an alluring veneer for his drug of choice. Like Zach, Pierre was willing to accept and repeat the rhetoric touted by drug culture enthusiasts to help ascribe credibility to his self-medication.

Connecting with other parents. For the most part, Jeanne and Maurice kept their parental concerns within their small family unit. However, Jeanne remembered attempting to reach out to another parent, and the experience was not very positive. She recalled:

You know, I remember once talking to one of the moms at soccer, because I thought she was a really caring, understanding mom. I just needed a mom to talk to, but she turned around told her kid everything that I had said. And he was one of Pierre's friends! I was so mad at myself for blabbing! I just needed to talk to somebody and she turned around and she told her son everything!

Maurice, however, did not discuss his concerns with anyone outside of his family.

Susan: And did you ever talk to anyone?

Maurice: No, I am not a talker.

Jeanne: He is not a talker.

Maurice: This is as much as I have ever talked.

Susan: Oh well, you're doing a fine job and I really appreciate this. Why didn't you talk to other parents?

Maurice: I didn't think that there were any other people that were in the same situation. And that was our experience. There were no resources. There was no awareness, even.

Jeanne: It seems like there is just negativity... Plus, there is this little tiny bit of shame that you've got this kid that's involved with drugs, and he's got all this depression stuff. Nobody talks about depression. It's starting to become more common, and I should be able to talk about it, but nobody's

going to understand. So, there's the shame and the feeling that no one's going to understand.

After her first debacle with reaching out to another parent for support, Jeanne became much more reserved. Later, when she found someone at her workplace who was going through similar trials with her teenaged son, it took Jeanne a bit of time to trust. She remembered:

I actually got lucky, and she is still my best friend now. [We worked together], and she'd look at me and she'd say, "Oh, it sounds like you have a little idiot like I have," and then we started talking and we had a lot in common... At first, I resisted because I thought, "No, my son's not as stupid as your son. He sounds ridiculous!" But, you know, this voice was in the back of my head and I realized, "Yes, you're right! My son's just as stupid."... A lot of the things that were going on with Pierre had also happened with [my friend] and her son, and he was still going through all this kind of crazy stuff. So, we ended up connecting for a few years. It was when some of the worst of it had already happened, but it was still ongoing... It hasn't ended yet, so I was lucky I found someone.

Trusting others with our stories can be very unnerving, especially with the stigma that surrounds drug use. But, even when Jeanne and Maurice considered confiding in others, they did not feel they had anyone to tell who would really understand.

As Jeanne and Maurice discussed their parenting challenges connected to their son's drug use, one thing was very clear to me – it has been their teamwork, and their humour that has helped them stay strong as a couple.

Susan: You have really been through it, haven't you?

Jeanne: We have, we have... You know, there are so many times we would say, "How did we do this?" We have not always agreed on everything. There were times where he wanted to kick Pierre out and I understood, but I said, "We cannot. He has nowhere to go and it will just make him worse." And then he started saying, "You're right, we cannot kick him out." And there were times when I said, "I wish we could kick him out." It is just exhausting...

Maurice: But we are still here... I think that is how we survived, you know? Because we are fortunate that neither of us has been down at the same

time... I do not know how many times one of us has said, "I cannot take this anymore. I am at the end."

Jeanne: We have done everything, pretty much, together.

I sometimes marvel at the fact that my husband and I are still a team after everything we have experienced as parents. Not everyone can, like Jeanne and Maurice, weather parenting storms together. I am glad they have each other.

Stories About School

Many of Jeanne and Maurice's stories connected to school. They shared a lot of frustration with their experiences with both elementary and high school situations, and not all of their concerns centred on Pierre. Because Jeanne works in a school environment, I asked for her assessment of Pierre's academic ability. She responded, "If he could sit in a desk, I think he could get 90s, easily."

As a young child, Pierre displayed an aptitude for mathematics. His parents explained:

Maurice: [I remember] driving Pierre to soccer. He could do three-digit addition and subtraction in his head.

Jeanne: Yes. I also remember him doing... three-digit multiplication. It was not adding; it was three digits times two digits. I said, "Pierre you cannot just do this on your calculator, you have to do it on paper." And he said, "Mom, I am not using a calculator, I am doing it in my head." So, I said, "Okay, do one for me," and he did, and I was blown away. He did not get that from me!

Although Pierre has the capability to learn and perform skills at a higher level, to date he has been unable to complete the high school requirements for Grade 12 standing.

School and learning. Earlier, Maurice explained that one of their most difficult parenting challenges involved dealing with schools. He also stated that he believed that Pierre's school life may have contributed to drug use. Maurice and Jeanne feel Pierre was not treated fairly by teachers and administrators, throughout his school experience. They explained:

Maurice: He was always getting picked on, and you do not want to be that parent that says my kid never...

Jeanne: And not by students, but by teachers. Pierre is the kind of person that you either love him or he gets under your skin. And I understand how he gets

under people's skin, but I also see that there were certain teachers, especially in high school, that loved him to pieces and other teachers that could not put up with him.

Maurice: But that was that in elementary school, too.

Jeanne: Elementary school was the same.

According to Maurice, it was not only Pierre who had challenges with teachers in elementary school. The couple regaled me with a litany of situations with their older sons' elementary school experiences that, at one point, caused them to move from their neighbourhood:

Maurice: [Our eldest son] got beat up by a kid, two years older than him, so I telephoned the principal and complained. He said, "It's the long weekend, so we are not going to do anything about it. It would be too late by the time he comes back."

Jeanne: It was Easter.

Maurice: [That same son] had a teacher pick him up, physically pick him up, and carry him out of the classroom. He also had a principal kick him in the butt walking down the hall.

Jeanne: This was all at [the same elementary school.]

Maurice: And that's one of the reasons we moved, because we thought, "Well, we don't want the other kids to go through that, and be impacted by the way [our eldest son] was treated.

Jeanne: He was a smart ass.

Maurice: Still is.

Jeanne: He still is.

Maurice: [Our other son] had a broken arm and we were told it was on a growth plate, so they didn't want to cast it, it was too far up. He had a kid attack him with a backpack. He kicked the kid and he got into trouble.

Jeanne: It was all these conflicting things. You're supposed to not be 'that parent.' We were trying to find that balance, where we were not questioning everything that the teachers and the administration were saying... Being a bit of sceptic, I would say, "Oh come on Pierre! What did you do?" because he always said to me, "Mom, the teacher picks on me!" I said,

“Come on Pierre! You know you said that last year, so what are you doing?” ... “What are you doing?” and never wanting to be ‘that parent’ that always says, “My kid’s innocent and my kid’s perfect,” you know? But then, the school had made a lot of mistakes. They did a lot of really unfair things to our children, and that was hard.

Jeanne, who works in schools, did not want to be “that parent,” a term that had been used by other parent participants as well. Have school’s communities insinuated that advocating for our children is interfering or unacceptable in some way? Have parents been led to believe that questioning schools comes with a cost?

At this point, I wanted to know about Pierre, as a little child, before he went to school.

Susan: What was Pierre like as a little kid?

Jeanne: Hilarious and...

Maurice: He was laughing all the time.

Jeanne: He always laughed; he was a joyful child. But then, he became this drama king and his siblings all teased him about being a drama king ... that was when my nephew lived with us for one university year. He used to write/draw cartoons called, *Angry Pierre*, because Pierre had started becoming angry.

By this time, Pierre had begun school and the family had moved from their neighbourhood.

Susan: Any ideas as to why Pierre became angry?

Jeanne: I think it was the move and feeling out of place, and then it just snowballed. He kept saying that teachers didn’t like him, and that this teacher picked on him and that teacher picked on him and...

Maurice: And it was true, we didn’t know that. A girl even kicked him in the shin every day for two years.

Jeanne: It started in Grade 2. We moved from [a lower to middle class neighbourhood] to [a middle to upper middle class neighbourhood] in the summer, when Pierre was going into Grade 2. Unfortunately, you don’t know these things at the time. It’s all great, in hindsight. All of this stuff, that our kids are telling us now... Pierre [told us] he never felt like he belonged. He wasn’t quite white; he was a [wrong side of the tracks] kid,

and who knew that, at Grade 2, that anybody... I didn't even know that he had that concept in his head, or that anybody else might be thinking that about him.

Maurice: It was a brand new school. It was only open only one year before we moved.

Jeanne: Yes, and I expected fabulous things! What I didn't know was that he was sitting in a corner in the library looking at spider books because he didn't feel like he fit in, and he never felt like he fit in.

At the time, Maurice and Jeanne had no idea this was happening to their son. If anyone at the school noticed Pierre's situation, they never mentioned it to his parents. Jeanne explained:

No one ever said a word to me, and [our daughter] told me the exact same thing, [recently.] She started seeing a counselor, because she's got some severe depression issues of her own ... When she came home, she said it was just horrible, because she had to talk about things that she had never even told me. She used to sit at [this new school], on a little ledge that looked out onto the playground, and the girls would say, "We'll play with you another day." No teacher ever said [to my daughter], "How come you're not playing with the girls?" She was very introverted, so what did they do? They just figured that this was her choice. She never told me that until two weeks ago. She said, "Mom, I just didn't want to bother you."

As time moved along, Pierre made friends and he got along with his peers very well.

Jeanne: He had a lot of good friends.

Maurice: A lot of good friends.

However, it was in Grade 3 when Pierre began to feel targeted by teachers. Maurice and Jeanne explained:

Jeanne: In Grade 3 he had a teacher. He kept telling me she was picking on him and I said, "Pierre, you said that last year a little bit, too." I kept asking, "Are you doing something to frustrate your teachers?" And so, I would play this back and forth. I work in the [school] system and I was trying to understand him, and I was also trying not to baby him and not be one of those moms ...

Maurice: My kid does not do anything.

Jeanne: My kid does no harm. And then a friend of ours, she was an [educational assistant] sub, and she worked with a child in Pierre's classroom, the next time she saw me she said, "Oh by the way, that woman picks on him."

Susan: So, what did you do?

Jeanne: What did we do? What did we do...

Maurice: Well...

Jeanne: You know, just so much has happened. When you ask me these questions, I think, "What did I do?"

Maurice: We talked to [the principal]. He was a horrible principal, always on the fence with everything. If you got bullied, it was half your fault, and half the bully's fault. Pierre got bullied.

Jeanne: A couple times, he got bullied.

Maurice: He was small and he was not a hockey player.

Jeanne: It was probably before we really understood everything about bullying, too, if you look back that far.

Maurice: I talked to [the principal] a lot about bullying because I grew up that way, and I do not know if I handled it right.

Jeanne: Maurice would get so upset, because he had lived it. He lived it big time. When he felt like somebody was bullying or being racist towards one of our kids, he really had a hard time keeping himself on an even keel – to not tear a teacher's head off. We had a lot of meetings over the years, and it just felt like I was never sure who to believe. Is Pierre completely honest? Is his teacher completely honest? And is there some reality in between there?

Susan: Do you think that the other kids picked up on the Grade 3 teacher's attitude in that classroom?

Maurice: Absolutely, because there was a girl that kicked him every day for a year.

Jeanne: We found this out at the end of the year that she was kicking him in the shins. She had been kicking him in the shins, maybe not every day, but very frequently. One time, he actually pushed her back and then fell or

something on top of her and he got hauled to the office. And then finally, it came out that she had...

Maurice: That was a year later.

Jeanne: It was a year later, and all the other kids said, "Yes, she always kicked him in the shins." And you'd say to yourself, "You never told us this! And no one told on her? And no teacher ever noticed this?" I know sometimes life is mayhem in those classes and you miss things. Some of the kids are very sneaky, but you'd think somebody would have said something! But, it took getting into huge trouble for Pierre to finally tell everyone what was really going on. When it finally came out, his classmates stood up for him, but up until then, no one [said anything]... This is not easy, going back over all this stuff...

Maurice: No.

Reliving and retelling can be a very emotional experience. Like Maurice said earlier, we sometimes forget the bad and try to focus on the good.

Although Maurice and Jeanne looked for reasons for the school's actions, it did not change the facts, as they knew them. They discussed their frustration with Pierre's school experiences:

Maurice: Some of it was his personality.

Jeanne: He brought some of it on himself. It's just his personality. I work in the school system. I see kids that are quirky and I see kids that are odd and kids that march to their own drum. We don't treat them like hell, and a lot of people say that's the beauty of [the school where I work]. We embrace differences.

Maurice: We embrace oddity.

Jeanne: It makes me want to weep when I think that nobody embraced Pierre's differences. They didn't embrace the fact that he was a little odd and he was a little different and he had his own drummer and that breaks my heart.

Do schools try to embrace differences, or do they try to fit everyone into the school box? Do schools even know how to respond to the needs of students that have their "own drummer"?

Although Pierre's elementary school years were challenging, there were also a few years, when Maurice and Jeanne believed their son had teachers who helped him move forward in his growth. They explained:

Jeanne: [One of his teachers] was hard on him, but she was fair, and caring and wonderful.

Maurice: [His grade 7 teacher] was also hard on him.

Jeanne: ... But wonderful. So Grade 7 was good, because Pierre had [this teacher]. Pierre came home the first week of school and he said, "Mom, [my teacher] just gets it!" You know, you're just so happy that you have someone, that your kid's in the hands of someone like that. But, by that time, Pierre already had this complex. So, everywhere he looked, people were unfair. So somewhere in between being a little bugger and annoying people, he started receiving this message in his head that, "I am being picked on." And so, he projected that, I am sure of it... So with Pierre, he was feeling almost like a victim, by the time he was in Grade 9.

Maurice: He was so glad to get out of Grade 8. He still hates that principal.

Jeanne: It is hard to get him to let go. He does not know any different.

Maurice: He does talk to me, now, about how he knows he has got to let go of things, and that all of these things are just experiences now... Like anybody, he says it, and he knows it. But, I think he goes backward every now and then, you know?

When my children had positive relationships and guidance in their classrooms, I was happy, even if the curricular outcomes were not all being met. For me, engagement in school, excitement about learning and happiness was worth any missed outcomes. I felt they could learn them later, and with what they had gained, they may even look forward to the challenge. When your child is learning, likes and respects their classroom teacher, and is happy at school, life is good.

Throughout this time, Maurice wrote many letters to doctors, school administrators, and even to Pierre. At the close of Pierre's elementary school experience, Maurice wrote his son a letter, encouraging him as he began to look toward high school. The following is an excerpt from this letter:

Pierre,

You are about to cross the threshold to an exciting new chapter in your life as you finally leave elementary school and begin high school...

I have always told you that you are unique and that the Holy Spirit burns very brightly within you. As you have experienced throughout elementary school and, perhaps most strongly this year, society generally is not very tolerant to those who are so strong-willed and independent. When you look at the lives of all the great saints and at the life of Christ himself, there is a common theme of persecution for who they were and what they believed. Just as certain as gold is tested in fire, character comes through struggles and the perseverance to remain true to your Christian beliefs and to yourself. Your Grandpa and your Great-Grandpa were men of great character. They left their homeland and came to a country where racism, intolerance and ignorance were prevalent and their lives were virtually worthless to Canadian society. Neither of these men let persecution defeat them and in spite of these hardships were able to rise above these harsh and negative circumstances to build a future for their family in Canada and positively influence those around them. Instead of succumbing to the environment of intolerance, and hatred, they both embraced Canadian society and quietly changed the prejudices of those around them. Not once did my father complain about how he was treated and his lot in life, he had confidence in who he was... This, Pierre, is your legacy and, if he were alive today, my father would be proud of how you have handled yourself and not let the intolerance and prejudices defeat you. I know that there have been many times, this past year, that you have struggled and that this has left you despondent and anxious, but as you approach the end of the year, be joyful that you made it...

The point is, Pierre, you are a unique and very special person. You are not a clone of anyone else and if you try to become someone you are not you will never be happy. This is not to say that you should not strive to improve yourself, just that you must do so guided by the Holy Spirit and remaining true to your values. Many people spend their entire lives trying to find out who they are because they have worked so hard at fitting in and avoiding conflict. They have damaged their souls in the pursuit of conformity. Dylan Thomas said in one of his famous poems to "Do not go gentle into that good night. Rage! Rage against the dying of the light!" His was a poem to his dying father, but this line speaks to me about the attempts to rob you of your individuality

and force you to conform to a ridiculous set of rules. I encourage you to rage against any and all attempts to make you who you are not. Rage against conformity and peer pressure to reject your values and change the person you were meant to be...

I love you Pierre, you are a very special and unique person! As you go forth to the next chapter of your life, go with the confidence that you have my love, your mother's love, your family's love and, above all, God's love behind you and, whatever your future holds; this love will be with you always.

These words from Pierre's father illustrate the challenges that Maurice and Jeanne faced with their son, Pierre, but also their hopes and dreams for his future. Unfortunately, high school proved to be even more complicated.

High school. Pierre's high school experience began on a positive note. He had chosen a school where he would have friends and he became involved in extracurricular activities.

Maurice: Pierre went [to high school] with really high expectations, because he was glad to be done with Grade 8.

Jeanne: Yes, enough already!

Maurice: It started out really well. He played football, went to all the school dances, and he had fun. And then things started to fall apart.

Jeanne: Unfortunately that was when he started smoking pot.

Susan: Why do you think he did that?

Maurice: I think he was curious to be honest, and I think he immediately decided that it was going to be the cure that he needed.

Jeanne: He had been on all these different medications and everything and they didn't work.

Maurice: We started off with some teachers he was really positive about, and then it kind of changed. I don't think that his [homeroom] teacher liked him. He wanted to ditch Pierre.

Jeanne: And with a lack of sleep, Pierre would often fall asleep in classes.

Maurice: And he was medicated.

Although Pierre's napping caused issues with many of his teachers, there was one teacher who found a way to work around this young man's challenge. This teacher addressed Pierre's sleep time, but Jeanne and Maurice felt that he handled it in a positive manner.

Maurice: Pierre had a teacher that knew he fell asleep... He understood, and he just put Pierre in the 'Pierre Penalty Box.'

Jeanne: He teased him and said, "This is the Pierre Penalty Box. If you're falling asleep, I am putting you over here, buddy." He teased him and he got along really well with Pierre. That was one positive teacher out of [all of them in that high school].

Susan: Did the school have you come in and have a conversation with you? What kind of connection did they make with you?

Jeanne: They never, never once phoned us up and said, "Hey, what's happening with your kid? How come he is falling asleep?" ... By the end of Grade 9, things were looking bad. And by the end of the first semester of Grade 10, they wanted him out of the school. Was that the year that he tried to commit suicide?

Maurice: Yes I think it was.

Jeanne: It was; it was...

Pierre had routinely fallen asleep in class throughout his first years of high school. He did it so often that he was annoying his teachers, or they were teasing him about this action. I wonder why no one contacted Pierre's parents.

Pierre also had some trouble on a social-media level in Grade 9. His challenge with a Facebook incident had long-term consequences. Personally, I have witnessed what I have coined 'the Facebook wars.' It was common knowledge in our home that if you left your account open, you could expect someone to sabotage your timeline. I cannot remember who started it, but I believe it may have been my oldest son's girlfriend. Finding Zach's Facebook page open, she wrote a ridiculous comment on his timeline, causing quite a stir among Zach's friends. It was done in fun and was quite hilarious, and that throw-down quickly became a game in our home. Soon, everyone was much more careful to log out.

For Pierre, having his Facebook accessed was not the fun and positive experience my children had in our home. Maurice and Jeanne explained this situation:

Maurice: A girlfriend went on his Facebook page and said something negative about a kid at [another high school]... And then, Pierre was getting death threats.

- Jeanne: She pretended that she was Pierre, and she wasn't a girlfriend she was some crazy girl and... [she] said something really rude about this boy. It was all over Facebook and she made it look like it was Pierre [who wrote it]. I swear to God, if something lousy is going to happen, it's going to happen to Pierre.
- Maurice: Well, he had death threats and he had the cops there...
- Jeanne: It was just crazy.
- Maurice: They tried to make him get into his Facebook and change it, because we couldn't, but somebody had gone in and changed his password. So, he couldn't get in either. At the time, we were saying, "Come on Pierre, you're busted! Just do it!"

A few years later, Maurice sent an email to an alternative high school principal explaining some of Pierre's background, as it applied to schools and his mental health. In this email, Maurice retold this Facebook incident and another situation involving a wrestling coach:

In Grade 9, someone hacked into Pierre's Facebook account and created a group called "[Billy] is a fag." [Billy] was a very popular older student at [high school A] and the threats that were directed at Pierre were serious enough that the police were involved. Again, staff and many students did not believe that Pierre did not create this group. A girl that Pierre knew from [high school B] later admitted to creating the group, but the damage was done and to this day, we have [high school A] students assaulting Pierre – the latest episode being a head-butt to his face two weeks ago.

Pierre has also suffered from chronic abdominal pain throughout his life and, on the recommendation of physicians, has unsuccessfully undergone extensive testing to determine the cause. These abdominal pains are commonly triggered by anxiety and in the fall of Grade 9 Pierre began to miss wrestling practice due to constant conflict with one of the coaches. The more he missed, the more conflict there was... (Maurice, January 2012)

Although Pierre entered high school with a positive attitude, his life there became riddled with complications due to drug use and health concerns, conflicts with teachers, and a stolen Facebook identity.

Grade 10 was even more of a challenge for Pierre and his parents. Once again, the fuzziness that comes with traumatic and stressful situations caused Jeanne and Pierre to confuse order and time. A knife incident, an attempted suicide, and a very angry teacher clashed into one big terrifying mess for the family. They remembered:

Jeanne: And then there was the time that he had, who knows why, but he brought a knife to school in his pocket. It was somebody's, one of our older son's friends had left it...

Maurice: Left on the couch downstairs. It was a Potash Corp knife.

Jeanne: Yes, like one of those folding ones... and he had it in his pocket and I got the phone call. I love those phone calls. I am trying to work and I get a phone call saying, "We had to haul Pierre into the office. We thought he had a knife on him." And the conversation goes on and on and on. They said, "We need you to come pick up that knife, because we are not giving it back to Pierre. We will give to you." But, of course, by that time Pierre's off his rocker! He's angry, he's swearing, he's saying that this is ridiculous, they are treating... you know, whatever... So, I have this picture in my mind of that day we sat outside the school and I picked up the knife. But I didn't know I was supposed to go in and talk to him, but Pierre kind of skipped over that little piece, or I don't remember. I am sorry, there are so many little... They get lost and I am trying to remember...

Maurice: There are so many of those moments.

Susan: Did the school ever talk to you about your child?

Maurice: Not about who he was, what he did. They talked about what he did, but they never took ownership of what they did. Not that I remember.

Once again, it seems that schools' communications with parents are to inform about behaviour. As educators, do we want to find out about the person behind the inconvenient and disruptive actions or do we just want them to stop? Are we even ready and prepared to meet the needs of these young people?

After Pierre's attempted suicide, the parent partners decided to inform the school about the incident and the challenges Pierre was facing in his life. Although they shared their son's story, things did not seem to improve for Pierre, they only got worse. They remembered:

Jeanne: We were the ones that initiated the meeting when Pierre had his suicide attempt, and I remember sitting around a table with the principal, the vice-principal, and the counselor and having a conversation about Pierre's depression and what the doctors had said. You know, you feel like your soul is being ripped out. I remember saying to them, "Well, we are not asking for special treatment, we just want you know, to make sure that you understand what is happening in Pierre's life. You know, you can let us know if things"... And it went downhill from there. Instead of them actually being...

Maurice: It was almost like they said, "Okay, we don't want this kid, because if he kills himself it will make us look bad. We don't care if he kills himself as long as it's not at our school." That's exactly how I felt.

Jeanne: That was how we felt.

Susan: Did they offer any solutions?

Maurice: None.

Jeanne: No, no.

Maurice: In fact, it got worse. It was after [this meeting], that [a certain teacher] had quite an episode with him. ... When they knew he had had a suicide attempt... [This teacher] took offense to Pierre, because he was falling asleep, and then he did not like the way Pierre answered a question. He slammed the binder in Pierre's chest, between classes. The hallway was full...

Jeanne: And he said, "Get the hell out of my class!"

Maurice: Swearing at him down the hallway.

Jeanne: He said, "Get the hell out of my class!" and slammed the book into his chest. And so, Pierre said, "Okay fine, and got up and started walking out and the teacher followed him yelling and swearing at him down the hall and...

Maurice: [Later, our daughter] came to Pierre and she said all her friends asked her, “What did he do? He really had [the teacher] torqued up!”

Jeanne: They said, “Your brother, Pierre, had [the teacher] freaking out in the hallway.”

Maurice: Nothing happened with [the teacher].

Jeanne: That was Grade 10, and at that point, we met with the principal again and...it was decided that for both of their benefits, Pierre should finish that math class online, which he did. He got a 75% or something on that class. They let him pick it up from the point where he had finished with the previous teacher and that was pretty much all that happened.

Maurice: I was livid! I said, “You know you don’t tell a crippled kid to get up and stand! You don’t tell a depressed kid that he is a ‘fucking asshole’ in the hallway!” ... I wrote a letter to the School Board, and I wrote a letter to the Principal. I never even got an acknowledgement that they got it.

Susan: Really?

Jeanne: Nothing, nothing.

In the email to the alternative high school principal referenced earlier, Maurice more clearly explained this situation with the angry teacher. He wrote:

In Grade 10 Pierre was assaulted by a teacher after falling asleep in his class. The person (calling him a teacher is an insult to real teachers) accused him of faking his illness, held him back after class, slammed his binder into his chest and then followed him out of the classroom, swearing and screaming at him all the way down the hallway. There were several witnesses in the hall, and we did write a letter of complaint to the School Board. Incidentally, Pierre was on medication at the time that caused drowsiness. (Maurice, January 17, 2012)

Maurice had also written a letter to the offending teacher immediately after the incident. The following is an excerpt from this letter to the teacher regarding the incident with Pierre:

As a parent, we are certain that if you placed yourself in our position, you also would be livid if your child was suffering from a disease and an educator, who is in a position of authority over your child, humiliated him in a manner that put his life at risk. This would be no different than an educator telling a quadriplegic, who wants nothing more than to

fit in with his peers, that he is choosing to sit in his wheelchair because his disability is, to use your words, “bull shit” and then follow him down the hall berating him for not getting up and walking like the rest of the class. Just because you can’t see depression, does not make it less real and no amount of yelling, intimidation or humiliation will cure it. (Maurice, November 28, 2010)

As far as Maurice and Jeanne know, the teacher was never spoken to, reprimanded or counseled for his actions.

School and drugs. Depression and other health related issues played a huge role in Pierre’s school challenges, and his use of marijuana as a panacea added to his problems. By the end of his Grade 9 year, Pierre was using marijuana on a regular basis. Early in his Grade 10 year, Pierre attempted suicide, returned to school and a short time later, clashed with the teacher in the hallway about his in-class sleeping. One short year from the time of his hopeful entrance into Grade 9, Pierre’s social life had changed, significantly.

Jeanne: He had a lot of good friends.

Maurice: A lot of good friends.

Jeanne: Until he started getting into drugs, so by Grade 10, he was into it seriously and he lost all of his friends.

Susan: So, how quickly did it go from using occasionally to boom?

Jeanne: Pretty fast, I would say.

Maurice: Maybe a semester, not even that long.

Jeanne: He made it through Grade 9 successfully, barely made it through the first semester of Grade 10, and was by the second semester of Grade 10 at an alternative high school.

At the end of his first semester of Grade 10, following his suicide attempt, Jeanne received a troubling, anonymous letter stating that Pierre was selling drugs at the high school. The following is an excerpt from this letter:

This is for your information purposes, your son who is in Grade 10, has for the past few months, been trafficking Marijuana to students at [his high school.]

We felt it was important that you know what has been going on, as this has affected several families and must not continue.

The trafficking of the illegal drugs has been happening often right across the street from the school. There are a few teachers who are aware of the situation and are now watching not only the person selling the drugs, but also those who have been purchasing the illegal drugs.

The families involved were not going to bring this to your attention as they were trying to deal with the situations on their own, however, it is important that others do not take part in such an illegal act...

This letter went on to outline the legal consequences of possessing or selling drugs, including possible fines and prison sentences. Jeanne and Maurice have no idea who sent the letter.

Jeanne and Maurice immediately spoke to their son about the allegations and then contacted the school through an email. They had encouraged their son to speak with someone from the school about the letter and wanted to be up-front about their parental position. The following is an excerpt from this email from Maurice:

[Principal],

Jeanne received an anonymous letter in the mail last week that accused Pierre of trafficking marijuana to students of [this high school.] We are aware that Pierre has used marijuana, as are his counselor, social worker and doctors. When you have as many physical illnesses that Pierre has, it is impossible to hide and Pierre has been very forthcoming and honest about this. It is with such certainty that we can say that Pierre does not traffic marijuana and would be perfectly willing to have Pierre's locker searched as well as our home.

Pierre was very upset when he found out about the letter and felt persecuted and that every teacher would believe that he was a drug dealer. Despite our reassurances that no teacher would jump to that kind of conclusion without proof, Pierre was not completely convinced. As we mentioned in our meeting last week, it is important that Pierre learns to deal appropriately with situations that are unfair and treatment that is unjust. We hope that it is not too much to ask, but we suggested that Pierre discuss this with you and, as a teacher, you can reassure him that most teachers would not assume he is guilty based on an anonymous allegation and without any proof. Pierre also needs to learn that it does not matter what anybody says so long as the truth is on his side...

(Maurice, January 9, 2011)

Later, this principal found out Pierre was, indeed, selling drugs. The police became involved, but Pierre was not charged. Jeanne explained:

There was one point where Pierre was in talking to the principal for something... and Pierre's phone kept going off and the principal looked at it, and he was selling drugs... So [the principal] actually made a deal with the cop that came to see him, that Pierre would give the name of his supplier and the description of his car...

Jeanne was grateful for the principal's intervention and felt it was a positive gesture on the part of the principal. I remembered Phil's response when the police questioned Buck about his drug supplier. He was concerned for the safety of his son and family. I wonder if schools should be brokering information opportunities for the police. It is an interesting and troubling conundrum. I cannot decide if I think this practice is unethical or proactive.

Shortly after this incident, Pierre transferred to an alternative high school on the recommendation of this principal. Maurice and Jeanne "were assured that this was a different type of school that focused on keeping students in school... never giving up on them (email, Maurice, January 17, 2012). Unfortunately, this new high school did not support Pierre's needs either.

Alternative high school experiences. Pierre attended three different alternative high schools. The first school, recommended by the principal, was structured into quarters, rather than semesters of work. Unfortunately, this meant that any absences would be impact each class significantly, due to their shortened time frame. Because of Pierre's sleepiness and escalating drug use, he was not successful. Jeanne explained:

So he was failing classes and not succeeding when he was at [this school] because of all of his absences. In hindsight, I wonder, "How did this even make sense to anybody? They said, "Let's put him in the Block Program." Well, if you missed three days in the Block Program, you are out. He was already chronically missing school, so how did I even agree to this? How did they even think that this made sense? So he kept getting kicked out of the Block Program. He would start a block... He would fail and then he would have to sit at home for the next two weeks or three weeks and wait for the next block to start. And then, he would start the next block and he would do okay for a week or two, and then he would start missing again and he would get kicked out again.

Pierre's drug use was also becoming more of a problem. "When he was at [this alternative high school] he got caught with a pipe in his pocket. It just never stopped" (Jeanne).

In order to address Pierre's drug use, the school recommended a short, special drug program that was offered at yet another alternative high school, in a remote area. According to Jeanne and Maurice, this was not a helpful situation for their son at all, because their son was not interested in making a change to his drug usage. They explained:

Jeanne: When he was out at [this remote high school] they took their phones...
 When they looked at his phone, he had texts on there with one of the guys
 he was getting on the bus with, arranging to meet somewhere to smoke pot
 before they got on the bus. And then he hid the pot on the bus. I am
 thinking, "Oh good! I wonder if any little kids found it!"

I thought back to Phil and Sally's stories about Buck's experience at this same school and realized the boys may have been there at the same time. Sally had commented, "But there were still drugs going through there like crazy. Kids were even hiding them on the school bus." I wondered if Pierre was that kid.

I don't know why I had not thought about the possibility that the children of the parent participants might know each other. Sally and I had agreed that the community is small, even made smaller by social media. By chance, I found out that Jill had met Buck in her alternative school during the time when their parents were meeting with me for our conversations. At the time, I hid my surprise and concern for confidentiality. I wondered if Jill and Buck knew both families were participating in this inquiry. Of course, I never asked.

Jill and Buck's families had great things to say about this new alternative high school, to which Pierre had been referred. I wondered if Jeanne and Maurice agreed with their assessment.

Susan: How did this school work out for him?
Jeanne: It was not good, because there were just more people for him to connect
 with, you know? More connections.
Maurice: It would be different if everyone there was committed to getting off [of the
 drugs], but nobody there was.
Jeanne: They were just putting in time.
Maurice: Just putting in time.

Jeanne: And he was only there for the addictions program... He did not actually go to school there.

Would Pierre's experience have been more positive if he had actually attended school there, rather than only participating in the addictions program? Perhaps Pierre's short time in the program was not enough to connect with the staff so they could work their relational magic described by the other parents.

After he had completed the addictions program, Pierre returned to his original alternative high school and continued to have health problems. He was taking a list of medications and he was still not sleeping well. Although Jeanne and Maurice shared this information, they believe the school still made huge mistakes when handling their son. One particular incident caused Maurice to once again turn to emails and letters. They recalled:

Maurice: When Pierre was at [this alternative high school], they knew he was using and they knew he had all these problems. That is why he was there. [One day], he had a stomachache and he went to sleep in [his friend's] van and he was in the sun, so he backed it into the shade... Some kid said that he took it and he was joyriding... But there he was in the parking lot... [The administrator] called the cops without looking in the parking lot, and had him arrested for stealing the vehicle... I actually emailed this person, "What are you thinking? This kid is suicidal! If you push him over the edge, you are responsible for his death!" I got hauled in [to the school] and the principal gave me shit saying, "You cannot hang that on us!" Well, who pushed him? Couldn't you have called me?

Maurice wrote another email to the school explaining his offending email. The frustration in his words is palpable:

F.Y.I.

Unfortunately, despite being under the care of [a psychiatrist], a battery of psychologists and counselors and going through dozens of prescriptions trying to find the one that works, Pierre remains clinically depressed.

I just thought if you were not already familiar with clinical teenage depression, this might be enlightening. The statistic that alarms us most is that "90% of suicides are the result of mental illness, often depression" and that "suicide is the third leading cause

of death among 10 - 24 year olds."

I apologize if you were offended by the previous email but, until you have lifted your child off a closet rod with a belt around his neck, suffer with him through feelings of worthlessness, and then have him lay in bed sobbing with snot running down your arm because he's feeling worthless because he felt under attack after meeting with you, I don't know if you can fully appreciate how truly trivial it seems that the potential trigger for your child to commit suicide is because he fell asleep in class! I will not lose my child because he fell asleep in class and you do not feel his work is adequate!

Presuming that you are not mentally ill with clinical depression, ask yourself how you would handle the situation if you had only had a physical ailment that resulted in lack of sleep and then was suspended from your job pending a review of your work and then have your efforts dismissed as inadequate. Then ask yourself how you would handle it if your supervisor was part of a system that allowed another supervisor to physically assault you, and berate you in full view of your peers. If you were able to handle that with your self-image unscathed, imagine how you would handle the situation if you were mentally ill, already believed your life were worthless, then imagine how you would handle it when you were 16. I am fully aware that Pierre is far from perfect and he has many faults, and that his behaviour at times is belligerent and extremely aggravating. But I also know that he's 16 and some day, if he survives, he will mature and realize that he is a wonderful person and will be grateful for everyone who lent a hand to lift him up and pick him up when he'd fallen. If Pierre survives, how will he remember you? If he does not, how will your actions be judged when your time comes?

Regards,

[Maurice] (January 17, 2012)

Once again, Pierre's drowsiness created a state of conflict for him at school. The original email referenced above, expressed Jeanne and Maurice's frustration with a system that could not seem to accommodate their son's health issues. Maurice wrote:

If Pierre has worn out his welcome and you cannot provide an atmosphere that can encourage and inspire him to continue his education, please let us know now and we will look for a more appropriate environment. Our first goal is to survive his teenage years alive, and our second is for him to complete his education. The self-esteem he gains

while achieving the second goal will have a tremendous impact on achieving the first so, please do not waste your time or ours if you cannot help Pierre achieve his first goal. For us there is much more at stake than falling asleep in class, or how and when Pierre gets his work done! (Maurice, January 17, 2012)

It is interesting that, once again, parents' hopes and dreams for their children shift when their children's lives are at stake. Jeanne and Maurice discussed their frustration with the whole situation:

Jeanne: Sometimes you are so immersed in it, you can't even see what you need to do or what direction you need to turn.

Maurice: And it's awful, because you step back thinking, "Okay, am I really off my rocker? Is this really happening? Is there something wrong with me?"

Jeanne: Oh yes, how many times did I think that one? When you ask me questions I think, "What a terrible mother I was! I didn't become a squeaky wheel! I should have."

Susan: No, you're not a terrible mother!

Jeanne: But at the time, it was just so overwhelming! You can't see anything clearly!

Maurice: You don't know what to do.

Jeanne: Nothing is clear... I just thank God we have each other.

Maurice: I don't know how anyone could do that as a single parent. Who do you talk to? So that was Pierre. He quit school and I do not even know if he got Grade 10.

Jeanne: I do not even know if he has got Grade 10 either. I do not think he does. No, he does not. But he would go to one setting and fail, and then they shuffled him over to [the alternative high school] and that did not work out, and then they tried shuffling him out to the [remote alternative high school], and that was a disaster and then...at some point they agreed to let him go back to [his original mainstream high school].

Pierre went back to his original high school. He passed some of his classes, but was unsuccessful in the others. A few days before the opening of the next school year, Jeanne

checked in with the school counselor to ensure that everything was in place for her son. Jeanne recalled:

Jeanne: I will never forget this... I remember the next fall, we had the big gathering [for employees] for the beginning of the school year and I went to see the counselor. I just popped into his office and I said, "You know, I left a message about Pierre registering and was wondering if we could get that ball rolling." He said, "Well, you tell Pierre to come in and see me tomorrow." Pierre went in to see him the next day and he said, "I am sorry, we cannot have you here this year. You are going to need to go to back to [the alternative high school]. They could not tell me, they had to tell Pierre that! He walked into his school and was told, "We are rejecting you." That is the message he got! He was so angry. And then, we went to [the alternative high school], and he was really angry about that, but guess what they said? "We are not taking you either. You have to go to the [remote alternative high school.] So, he got two rejections, in person. Pierre said, "No, I refuse to go there, Mom. I will not go to that school!" So then we went to [a high school from the other school system.] I went with Pierre and we talked to the principal. He said, "I think we can take you, but you can wait in the hallway for a minute," and he phoned [the alternative high school]. He called us back in, and he said, "Out of respect for my colleague, I cannot take Pierre. Because of what they feel are his issues, we cannot take him."

Susan: So, what did you do?

Jeanne: I remember that day like it was yesterday, standing in front of that high school, looking at Pierre, who was completely devastated. I said, "Let me look at getting you into [this school system's alternative high school] and I got him in.

Susan: How did that go?

Jeanne: Do you really want to hear all of this, because it is crazy?

Susan: Yes, I have been through a lot of this as well.

Jeanne: Because at the time, he had started dating a girl that he had met at [summer camp], on the three-week trip... [This girl] lived in another city, but she would come spend the weekends at our house. So, he started school, and he was going to school, and it was okay. He said there were a lot of drug guys there and they were everywhere. We just said, "Keep your nose clean and go to school and do what you have to do."

Susan: Was he trying to stay clean?

Jeanne: No, no, never, ever. He never even tried to claim that. Maybe he tried to claim he was, but he never did try. So, somewhere around the end of September, or mid-September, I said to him, "Your girlfriend fainted? Pierre, she is pregnant." And he said, "What! Are you kidding me? Why are you saying that? I said, "You told me she fainted and this weekend she did nothing, but sleep the entire time she was here." So, she was in fact pregnant.

Susan: That news must have just made his day.

Jeanne: Oh, he went out and sold drugs and got caught.

Susan: Oh my!

Jeanne: But there was a point where I said, "Okay, she is way bigger than she should be according to when you guys started ... And then she broke up with him and ... She finally said to him, "I do not know who the dad is." So, for eight months we did not know, and she would not let him know when the baby was born. We found out about three weeks after the baby was born, that it was born. I was able to talk to her and her social worker and they agreed that we should get a test done. [We found out that] in fact, Pierre was not the father... But at that point, Pierre was on probation because he thought he was going to be a dad and he was going to have to make money, or at least that was his excuse for selling drugs and getting caught with \$600 and a half of pound of pot in his car.

Maurice: With a fishing knife.

Jeanne: And a fishing knife.

Maurice: It was the knife that pushed it over the edge. Now he had a prohibited weapon.

Jeanne: So a year of probation and we got through that, we are about a year and a half past probation now.

Although Pierre's year was tainted with a pregnancy scare and a trafficking charge, Maurice and Jeanne felt better supported by this alternative high school.

Maurice: I think the most compassion we ever had was from [this school.]

Jeanne: They were really good... And they really wanted to help Pierre... You see, Pierre got so close, but he just could not make the last week.

Susan: Oh, he did not finish?

Jeanne: He never finished those courses.

Pierre's school experience was fraught with exclusion and rejection. He was bullied by teachers and students, and shuffled from school to school. Maurice and Jeanne repeatedly communicated their son's story about his health and drug issues, yet no one place seemed willing to start where he was comfortable and move from there. Why couldn't a program have been set up for him to accommodate his drowsiness and mental health issues? Why did he have to fit himself into the various school schedules? What about differentiation? I am actually very impressed that Pierre continued to consider attending school for as long as he did, and that he was willing to meet with each new administrator when they shuffled his cards yet again. Had his situation been mine, I am not sure that I would have had his perseverance.

Stories about Seeking and Accessing Help in the Community

As Maurice and Jeanne mentioned earlier, Pierre was in and out of the hospitals for his asthma, and stomach issues and accessed mental health professionals to help him deal with his ADHD, depression and anxiety. He was on many medications and the side effects, especially his inability to sleep at night or daytime drowsiness, adversely affected his daily life. Maurice and Jeanne accessed community services to address Pierre's needs and many of these experiences have already been shared as they overlapped with their stories of school and parenting.

Medical health services. Pierre was involved with medical doctors from a young age. He worked with a pediatrician to assist him with his asthma, his attention deficit disorder and his stomach issues. In Grade 8, when Pierre told his parents that he had considered jumping off a

bridge, mental health issues became a concern as well. Jeanne and Maurice consulted Pierre's pediatrician. Jeanne recalled:

It was the year that Pierre was in Grade 8 that I had asked our pediatrician, "Is it possible that he is suffering from depression?" He said, "Yes. Absolutely. He definitely could be... It's common for kids with chronic illness to suffer from depression. It's also common for kids that are ADHD to suffer from depression." So he referred Pierre to [a child psychiatrist]. Well, that was when Pierre became a guinea pig... That is what Pierre calls himself, "I was Dr. [psychiatrist]'s guinea pig!" He went on medication after medication, and switched this one and tried that one, and this one and tried that. The list of medications is ridiculous! ... The list of medications that Pierre has been on in his life in these few short years is extensive. He could not sleep, so he was on a medication to help him sleep; he had anxiety, so he was on an anti-anxiety pill; he was on an anti-depressant and there [were] times where he was also on *Concerta*® for his ADHD. He was on medication for his stomach and medication for his asthma.

Because of Pierre's stomach issues, he also endured a lot of testing to find out the source of his problems. Jeanne explained, "He has had every test you can come up with, he's had a colonoscopy, he's had everything... And nothing was ever found... But, it does fluctuate with his depression." Medical health services primarily responded to Pierre's needs with medication, but Jeanne and Maurice also accessed support from counselors for both Pierre and themselves.

Community and private counseling. Counseling was another avenue that Maurice and Jeanne accessed in search of solutions to help their son.

Jeanne: We started trying to get help pretty early on.

Maurice: We've been to a lot of counselors.

Jeanne: We've been to a lot of different counselors...

Susan: For you, or for Pierre?

Jeanne: For him; we've taken him to a lot of counselors.

Maurice: And we talked. We'd have our session too.

Jeanne: A lot of them want to meet together at some point.

Susan: And how does Pierre feel about going? Does he just go?

Jeanne: He would just go. He would just go.

Susan: Wow, that's awesome.

Jeanne: And he really didn't want to, but he would do it. But wait, sometimes he wouldn't go. Sometimes he'd just say, "I'm not going, Mom." Now that I think [about it], at first he would go, and then more, more and more he wouldn't go anymore.

Maurice: He wouldn't see the counselor who leads you to that logical conclusion. When they'd ask, "What are you doing about it?" [He'd say], "I am not going anymore."

One of the recommended counselors was an addictions counselor with a personal story. Pierre was not very receptive to this counselor's message.

Maurice: It was really harsh. [The counselor] has been there, so he did not cut him any slack. And, we still were not at the point where we were going to do an intervention.

Jeanne: It pushed him. Pierre was not willing to go and see this guy. He said, "All I can see is that this guy is calling me an addict, and I am not! This is bullshit! This is garbage!"... And he would just not go see him after a while.

Because of Jeanne's job with a school board, some of the counseling bills have been paid, however, only the counselors that are under contract are fully covered by her medical plan. She was able to submit the bills from other private practices, but was only reimbursed a portion of the cost. The financial burden can be high, but Maurice said, "Whatever helps, we'll just bite the bullet."

When Pierre was about 15 years old, Jeanne and Maurice did attempt an intervention. They had heard about an out of town treatment centre where younger patients were welcome. Incidentally, when I contacted the same centre about possible treatment for Zach, they told me it was an adult only facility and he was too young. Maurice and Jeanne drove their son to the small town, where it was situated, but Pierre was not willing to accept the assistance offered by the centre. They explained:

Jeanne: So we were convinced that he was an addict, even though people said, "It is just pot." You can be addicted to porn, you can be addicted to gambling, why can't you be addicted to pot? To this day, he is very upset with us... that we did this. We threw him in the back of the car and drove

him to [this out of town treatment centre.]... He swore at us most of the way, and then he slept the rest of the way... They did not take him; they would not take him...

Maurice: He would not get out of the car.

Jeanne: He would not get out of the car, and they said, “We do not have the kind of program where we can watch him.” [When we arrived,] Pierre told us flat out, “You leave me here, and I will run away.” They said, “We cannot keep him.” So, he sat in the car.

Susan: How old was he?

Jeanne: 15... He would not get out of the car. He sat and talked to somebody ... rolled his window down and he sat and talked to this person from [the centre.] We wandered around the grounds and had a hamburger and then took him back home. He is still mad at us to this day, that we did that to him.

Maurice: You just get desperate. You do not know what to do.

Jeanne: There is no manual; there are no instructions, there is nothing... We have a long way to go, don't we?

Maurice: Yes, we do.

Maurice and Jeanne were not only speaking of their parenting road with their son, they were also referring to what we, as a society, are doing to help our youth with their mental health and addictions struggles. I agree, we do have a long way to go.

One of the most positive initiatives the couple encountered on their parenting journey was introduced by their son's first high school, after Pierre had been caught selling drugs. In a meeting, the principal provided the parents information about a program that focused on parenting complicated children. They explained:

Jeanne: That was one of the only really positive things that came from [that school system], when [the principal] handed me a piece of paper with the name of a program that we could [attend.] It was a 12-week program for parents... of children with, I forget how they described it, difficult children anyway, extreme difficulties. So, we went to this program, and we got a lot of benefit from it.

Susan: Wow, I never got anything from anyone.

Jeanne: And it was very good. We still see the counselor that did those talks. It was a group meeting. It was 10 sessions or whatever.

Maurice: I thought I was going to have to drop out, because one of the people that was in the group was someone that I, kind of, supervised at work.

Jeanne: He worked with her and he thought, “Oh, I can’t sit here and talk about my kid,” but it just turned out very well. You know, out of all the people that were at these sessions, the only ones that came as a couple were us.

Susan: Everyone else was single?

Jeanne: Everyone else. One woman came alone. She was still married, but her husband wouldn’t come. The rest of them were all single moms. So I thank God over and over again that we have each other and that we could always rely on each other. It always seemed like when one of us had had enough and couldn’t take any more, the other one was there, being strong and vice versa. We would switch back and forth, you know, being the strong one.

Maurice: I can’t imagine going through that alone.

I cannot imagine going through what I have without my husband. Like Jeanne and Maurice, we experienced the teeter-totter of emotions, and the trade-off of strength. As with Phil and Sally, Maurice and Jeanne valued the opportunity to learn from other parents’ experiences. I wonder why we didn’t hear about a program for parents. Why are these programs so difficult to access? Perhaps this is something educators could take on within their school communities.

Jeanne and Maurice’s Lives Now

For Jeanne and Maurice, life is still a rollercoaster, however, experience has guided them to prioritize their battles. The second-guessing, and blame game that all of the parents have played is also a part of their introspection. They explained the path their lives were taking with Pierre in our final conversation:

Maurice: Well, we’re at the point where Pierre’s still in our house, he won’t work and he won’t help around the house unless *I* ask him.

Jeanne: I am frustrated now, because it’s that stupid thing where part of me wants to blame myself for being too soft on him, but then there’s this other part

of me that knows why I was soft on him. Now it's a habit... How do I look at him and say, "This is messed up! You've got to get out of the house and get a job! I know it's hard I understand that." I don't have any legitimacy with Pierre, because I'm the one person in the house that doesn't suffer from depression. His dad can relate to him and talk to him about his struggles and how he overcame them and what he does daily... Pierre's really aware that he's very smart like [his dad.] I had this conversation. I have said, "You know your dad battles it every day... he hasn't beat it, yet." Pierre says, "Yes, he wins every day, mom. Look at him; look at what he's got. He's got a family; he's got a home... Dad's winning!" And I thought, "Okay, you're really smart. You see that your dad is winning the battle with depression." But he can't seem to translate that into his own life and do it. I don't get to have any kind of an opinion because I don't suffer from depression; I can't relate to him and maybe that's in my mind maybe that's...

Maurice: You can empathize.

Susan: How old is he now?

Both: He's 20.

As a mother, I understand the frustration and self-blame that Jeanne described. I have had this conversation with many mothers. We work, we cook, we clean, and we have kids at home who will not assist us with anything. A request for assistance is met with anger and quickly dismissed. Have working parents created entitled adults? Have we been too understanding and supportive? Once again parental self-doubt rears its very ugly head.

Maurice and Jeanne continue to see a counselor to assist them in working out their parenting challenges. It is the same counselor who ran the parenting workshops and he has also worked with Pierre.

Jeanne: Maurice and I went to see [the counselor] a couple of weeks ago, and we asked, "Are we enabling him? Is it time to tell him to leave?" [The counselor] said, "No, he's not ready to leave yet." I was surprised that he said that, but he's right.

Susan: That is the first time I have ever heard about a counselor saying that. Most of the time, in my experience, they say, “Kick him out.”

Jeanne: I know! I expected him to say that, too.

Maurice: But he knows Pierre; he counsels Pierre.

Jeanne: He knows Pierre, well, and he said, “He’s not ready.” He said, “Give this to Pierre and tell him he’s coming to see me.” Normally, because he is over 18, he’s got to make those appointments himself, but [the counselor] said, “No, I am going to make these appointments. You tell him.” The counselor said he would take the consequences if Pierre doesn’t show up.

Susan: And did he go?

Jeanne: It’s not until September, so we shall see.

Jeanne and Maurice are still working at maintaining a positive relationship with their son. Maurice recently bought tickets to see a UFC fight with his son and Pierre has asked to deliver Meals-on-Wheels with his mom. Although, at the time of our final conversation, Pierre was 20 years old, Maurice and Jeanne have continued to work together to fight for their son’s health and happiness.

Musings and Concluding Thoughts

I really enjoyed meeting Jeanne and Pierre. They complement each other. They share faith, and have a strong connection between them. I particularly enjoyed their humour; it was edgy, satirically juxtaposing the complications and losses of our lives. When I asked them to choose pseudonyms, they chose French names. Jeanne told me that they wanted all three names to connect, but Maurice explained his real reason. It seemed that Pierre had been giving his mom a hard time for the past few weeks, so Maurice looked for a name that would suit his son’s attitude. He explained the name, Peter, is sometimes used by the English to describe a particular part of the male anatomy. So, Maurice chose his son’s name because, “Pierre is French for ‘dick.’” A sense of humour and irony is definitely useful when dealing with the parenting issues we have encountered, and I giggle to myself whenever I think about this story. Dark humour can be healing.

Pierre’s young life has been riddled with physical and mental health issues, complicated even more so by his substance use disorder. From Jeanne and Maurice’s perspectives, schools have contributed to their daily parental challenges and have been of little help to them, or Pierre.

Through their eyes, I saw school personnel who were dismissive of parental concerns, reactive rather than proactive in their dealings with children and their families, and desperately in need of education about mental health and substance use disorders. Their stories reflected their concern for young people who do not fit schools' standards – students who are shuffled from school to school, unable to find a place that will customize education to fit their needs. They feel this practice of shifting responsibility, disownment and desertion sent a message to their son, who already struggled to find a place to belong, that “We are rejecting you” (Jeanne). I wonder how often this narrative plays out for others as well.

The stigma associated with substance use disorders for parents and their children weaved through Jeanne and Maurice's stories. Although they seemed to strive for balance in their lives, personal blame, and doubt were ever-present in their conversations. Like the other participants, they found comfort in connecting with other parents, who were also dealing with serious parenting issues.

When I met with Jeanne and Pierre to review their story, Jeanne disclosed that she had hesitated to attend. She explained how upset she had felt after our last meeting, and how difficult it has been to relive and retell these stories. I thanked them again for sharing and asked if she was okay to continue. Maurice explained that while difficult, the process had actually been cathartic. Although reliving the trauma of the past had been difficult, it provided them a venue to acknowledge their shared experiences and provided them space to move forward. Jeanne also told me that Pierre was very happy they had agreed to participate in this inquiry. He expressed to his parents that through their contribution, his experiences, challenges, and frustrations have also been heard. Through their stories, he has been given a voice as well.

Chapter 7

Human Connection

We were talking about the space between us all
And the people who hide themselves behind a wall of illusion
Never glimpse the truth, then it's far too late, when they pass away

We were talking about the love we all could share
When we find it, to try our best to hold it there with our love
With our love, we could save the world, if they only knew
(From “Within You Without You,” George Harrison, 1967)

Each of us is born to a community and our interactions with the people, the traditions and the social expectations of each association contribute to our human development. I remember waiting to meet each of my children, their first interactions with me and their first connections outside of our family. I hoped each of my children would experience a sense of belonging in their communities so that they could find happiness and self-actualization. During one of my pregnancies, a friend asked how I would feel if my child were gay. I remember thinking that I would love unconditionally, but I would mourn this child’s opportunity for an easier life, and his or her inevitable struggle to connect in our often-judgmental world. Living on the outside looking in can be a demoralizing experience and I wanted my children to be able to experience an easier road to health and happiness.

For years, scientists and students have debated human development in terms of nature versus nurture, but some scientists now believe “both genetics and environment, and the interplay between them, contribute importantly to the development of individual differences in behaviors including mental health and cognition” (Plomin & Asbury, 2005, p. 86). While genetics factor into our identity, how we interact with our environment helps to shape our identity and self-perception as well.

The social climates in which we live may also affect the decisions and the personal growth of our children and ourselves. As parents, we make dozens of decisions for our families every day. We choose food for meals, add to cable packages and decide whether or not to allow

our children to attend parties. Parenting is never easy and when our children have, so obviously, strayed from what is considered by “the community” to be acceptable behaviour, sharing stories of our children with others can be difficult, especially because part of our identity is somewhat connected to who we have become as parents. As substance use disorders shape much of the context of this inquiry, it is important to note, “[p]sychoactive substance use occurs in a highly charged field of moral forces... In terms of social exclusion the user may be stigmatized, and the result may be social marginalization” (Room, 2005, p. 152). All of the participants in this inquiry shared stories reflecting some of the moralized social narratives shared by our broader communities – within the places we live, and in the schools where our children spend so much of their day.

Currently, a friend from the United States is looking for the “right” pre-school for his daughter and is lamenting the fact that they did not register her shortly after her birth. I wondered why this was such a big deal for him – why he felt this missed opportunity could adversely affect his daughter’s future. Perhaps the choices we make for our families can influence the identities and the futures of our children in some way. Perhaps the school a child attends can somehow affect the course of a child’s life. How do the different communities with which we connect throughout our lives affect us, and our children? This chapter explores young peoples’ needs to belong within the social mores of our time, and the more prominent settings of the participants’ narratives.

Found and Chosen Communities

Friedman (1989) discussed two types of communities in which we participate in our lives: found communities and chosen communities:

Found communities are those we happen upon by chance, [such as the family we are raised by, the neighbourhood in which we live, or the school we attend]... Chosen communities on the other hand, are consciously created, morally driven, accepting of diversity. They are places where we know each other [such as our friends, clubs we join, or special interest groups of which we are part] (Whelan, Huber, Rose, Davies & Clandinin, 2001, p. 152).

At first, when I thought about these two types of communities, they seemed to be relatively straightforward. Found reflects happenstance, chosen is chosen. However, when I thought about these two types of communities more closely, their nature seemed quite complicated. If we

choose a school or neighbourhood, is it still a found community? When we choose to join clubs and teams that are determined by boundaries of place and the location of our homes, are they still chosen or are they a combination of both found and chosen communities? For me, the nature of these intersections seemed quite complex; nonetheless, communities can strongly affect our identities as we, as individuals, mature and grow.

When I read and re-read the stories shared by the parents in this inquiry, I thought about the many communities that have impacted their lives. Participant's stories flowed from experiences parenting their children in the community of family, to being part of more structured communities, such as school, sport, and health care. All of the parents in this inquiry, including me, share the geographical location of city, province and country. Although each of our stories is unique, the options available to all of us, and the climate and boundaries of each accessible community may have shaped many of our parental decisions as well as the choices of our children.

The landscape of human life tends to follow a similar temporal path for most people. In North America, there seem to be natural phases that we use as a means to reflect on the timelines of our lives. The times from birth until we begin school, elementary school, and high school often delineate the first part of our lives until adulthood. From there we have post-secondary experiences, jobs, often marriage, frequently parenthood and a variety of other life events that mark time. Although the stories shared by the parent participants in this study were not chronological or linear in nature, our lived parental experiences followed similar sequences of community. This chapter examines community experiences of our children from their birth, through the beginning years of school and into high school.

We Are Born to Community

My son, Zachary, entered this world as a Canadian citizen, with English as our language. He was born to a family complete with a mom, dad, two older brothers, and a big dog named Max. He soon met two sets of doting grandparents and uncles and aunts from both sides of the family. My parents had even added to the 'aunty' numbers for my children by bringing three foster children into the mix of extended family. My son was named Zachary Val and he came home from the hospital to live in a newly renovated house, in a quiet middle-income neighbourhood. Soon after, he met his first babysitter, Rosie, who lived in our home so I could return to work as a teacher and his father could continue his work as a police officer, in our small

urban centre. He was baptized a few months after his birth in a Catholic church. This is the community my infant son, Zachary, *found* upon his birth, and it is the community where he began to explore his humanity.

Similarly, the children of the other participants were born into the same urban centre as Zach. Like Zach, Pierre was the youngest child and his parents were married, and like me, Pierre's mother also worked in schools. Pierre's family is rooted in their faith and this has likely contributed to his personal identity. Buck and Jordyn were born to single moms. They were the first-born children of their families. Both of their young mothers were supported by their extended families, and later met, and married, men who happily became their sons' fathers. Although Jill was born into the same family Jordyn now shared, unlike him, she had an older brother. All of these children were loved, nurtured and cared for by family and their initial identities began to take shape due to the interactions they shared within these found communities.

Communities of Early Childhood

The children of the participants in this inquiry were positioned in their communities of place, with relationships already prescribed. "[C]ommunities of place are relatively nonvoluntary; one's extended family of origin is given or ascribed, and the relationships found as one grows" (Friedman, 1989, p. 288). As parents, we decided what our children would eat, who they would see, and even such things as if they would listen to music and, if so, what music.

The caregiving individuals in their limited communities controlled their environments and interactions and the children responded to these decisions physically, emotionally, and socially. Although babies and young children are relatively helpless to make choices, they soon begin to interact with and, in a limited capacity, control their discovered/ found communities. That first smile, recognition, or word is momentous, and most parents begin to recognize, with humour, such behaviours as the manipulative cry to get out of a crib or the cajoling hug to get an extra cookie.

Friedman (1989) commented that a person begins to develop identity through "the social relationships which one finds, the attachments which are discovered and not chosen, [and these become] the points of self-definition" (p. 284). As an infant and young child, the found communities of my son's world were narrow as he interacted with family, friends, and colleagues of us as his parents, some neighbours, as well as other people he may have

encountered from a few shopping trips, holidays at the lake, and church experiences. It is likely that, in this inquiry, all of the children's identities were grounded in these types of found communities. "The traditions, practices, and conventions of our communities have at least a prima facie legitimate moral claim upon us" (p. 279). Among many other practices and conventions, Zachary learned to say "please" and "thank you," that we do not hit anyone, not even the dog, and we say we are sorry if we hurt someone. More practically, our children were also taught safety practices such as not to eat berries unless you ask an adult, not to touch hot stoves and irons, and to be cautious around strangers, a sad but true necessity in today's world. Our children learned from us within the context of our greater communities and began to form their opinions and preferences.

As Zachary grew older, his experiences and discoveries of found communities increased as did his understanding of the expectations of each community, including that you do not do everything people tell you to do, and you have to make good choices based on what makes sense. Zachary commented on his perception of his found community of family in his writing:

Family is so important. We learn from the wisdom and the mistakes of our family members and we are unconditionally loved. We can always take risks with family, being silly, grouchy or even lazy. We know that no matter what happens, they will be there to help us, encourage us and cheer us on in life. (Z. Semenoff, 2010)

Family was at the centre of the positive remembrances of each of the parent participants. They found joy in encouraging children and participating in even the simplest activities with their children. Sally and Phil described picnics at the skate parks, snowboarding and soccer activities. Amanda shared stories of coffee table dinners on Sundays, playing games and watching movies. For Maurice, joy came from watching his children learn something new and Jeanne cherished memories of family fun and silly antics.

As with the participant families, Zachary's family and the community in which he spent his early years influenced his identity. He appreciated the eclectic music of his parents, enjoyed the foods that were specific to our family traditions, and began to find pleasure in creating something unique and useful. Although the family cocoon helped shape his early identity, school soon became a significant influence as well, and our son, Zachary could not wait for this new experience.

Connecting in Schools

The school setting featured prominently in the parents' narratives, and the relationships they, and their children, built within this environment affected personal growth. Within the context of the school landscape, an intellectual and moral landscape "composed of relationships among people, places, and things" (Clandinin & Connelly, 1995, p. 5), the influences of communities create implications for all members including staff, parents and students. This chapter examines our perceptions of the school community experiences for our children.

Pre-School to Grade 8: Communities for Children

In the found community of school, our son, Zachary, continued his quest for enlightenment, educationally and personally. Although we, as parents, chose the school where our children attended, we did not select the people within its walls. Zach went to the school decided upon by us, as his parents, within the confines of the community in which we lived. The school choices available for all of the participant parents were public or Catholic school systems, French or Ukrainian Immersion, or regular English instruction. My husband and I decided to send our children to the Catholic school system, mostly because I was employed there, and we determined that we would access English instruction. Once these decisions had been made, there were only two school choices, both equidistant to our house. So, it was decided the two older boys would attend my school of employment, riding with me every day, rather than taking the bus to the other school community. A few years later, Zachary became a member of this school community as well. Zachary commented on his first days of school:

My earliest memory of [school] was coming to the ...Cooperative Playschool with my dad. I was nervous at first, because I had only been with my brothers. But, I was very excited to start school. Once I started making friends in playschool, I wanted to go every day. (Z. Semenoff, 2010)

For Zachary, extending his narrow base of human connections was a bit daunting. He commented that he was "nervous," but once his newly found community became familiar, he was excited to explore this new territory.

Pierre and Jill may have had experiences similar to those noted in Zach's recollection. Both children had watched their siblings enter and experience school. Differently, for Buck and Jordyn, entering school may have been a more daunting prospect, as they were the first children in their families to enter the school community.

Although Zachary's brothers struggled at school with exceptionalities, he seemed to enjoy and learn well in the school environment. Within his lived experiences of school, Zachary discovered many things about himself. He loved physical activity, he enjoyed playing with others, and he relished opportunities to try new things. When he decided to master something, Zach practiced it to perfection. He was shy of others, but had unyielding focus when it came to standing up for what he believed.

From his found community of school, Zachary began to make choices: who he would play with, what he would do at recess, and if he wanted to have a play date after school – that is if his parents allowed it. Even as a Grade 8 student, Zachary was able to recognize the importance of the friends he had made from this found community. He wrote:

Everyone needs a friend and I have had the opportunity to have many great friends in my lifetime. Most of the friends I have, I met through school. Although I may not be close with all of these people today, their friendship has helped to shape my personality. (Z. Semenoff, June, 2010)

Zach's vision of self began to form from the community he had been allotted through birth, happenstance, and external decision-making, but he had also begun to make choices about relationships and associations, which, in turn, affected his perception of personal identity. Freidman (1989) suggested both types of communities contribute to self: found/ discovered communities and communities of choice. "There is considerable power to the model of the self as deriving its identity and nature from its social relationships, from the way it is intersubjectively apprehended, from the norms of the community in which it is embedded" (p. 279). The parents in this inquiry provided for their children communities of family and found for their children a school community. Each person's identity began to form in these communities, whether as an individual, a student, friend, or a son/daughter. Friedman (1989) further acknowledged within this model, communities of choice. "[I]t is chosen communities which help us define ourselves; the project of self-definition would not be arising from communities in which we merely found or discovered our immersion" (p. 289). Within the confines of the school community, Zachary, his brothers and the other children referenced in this inquiry, were able to make choices, guided by teachers, parents and peers. However, because they were still children, their choices were limited.

It is important to note that found and chosen communities are not as binary as they initially appear. Although an individual may feel s/he is choosing a community, the choice may be based on a selection limited by what is available in the found communities. While Zachary chose his friends, he selected those friends from his found communities of family, neighbourhood, and school, as examples. In essence, Zachary's communities were 'found/chosen' communities, not purely chosen in the true sense of choice.

In Zachary's narrow world of found communities, he was able to derive a few preferences for relationships and areas of interest, however rules and the decisions of the adults in his world limited his choice and his early identity was derived primarily from prescribed community experience. It is important to recognize "the role of found communities in constituting the unreflective, 'given' identity which the self discovers when first beginning to reflect on itself" (Friedman, 1989, p. 284). It is from childhood experiences arising from interaction within these communities, found and chosen, that people begin to write their personal narratives.

When I look back, probably through an over-critical lens, I remember some of Zach's concerns for relationships and connections in his elementary school years. He had watched his brothers, especially Ben, our middle child, deal with bullying and exclusion and witnessed the emotional aftermath of these relational challenges. He always told me he would do whatever he needed to avoid the heart breaking experiences of his brothers. Zach befriended everyone, even the bullies, and found ways to stay on the inside of the community. Zach told me that everyone should have a lot of friends with many different interests. From his perspective, when you are friendly with everyone, you have more control over your world and become less of a target for marginalization. Perhaps this is why it became so difficult for him to move forward once the stigma of drug use excluded him from the inner circle of his high school community.

The importance of belonging. In 2012, I received an ArtsSmarts grant to bring opera into my Grade 5 classroom. Anastasia Winterhalt, a professional opera singer, worked with my classroom to explore opera as a medium for storytelling. After months of collaborative work, the students performed their original opera. As a collective, they wrote a story and turned it into an opera complete with music and lyrics; they created props, posters and backdrops; and they learned to sing and dance. Although I know the value of acceptance and teamwork in a classroom, I did not realize that even young students could recognize the positive impact of an

improved sense of belonging. When we reflected on the learning journey, I was surprised to discover that what these students valued most was this sense of belonging that had developed within their classroom. Everyone felt they had a place and a voice within the group. In a letter, one parent wrote about her child's experience:

[My child's] excitement and more importantly confidence rose continuously as the year progressed... Other years, I heard about certain kids regularly and the bad things that they did at school. This year was different. The class seemed to be closer this year... Words can't describe the pride I feel as a parent, watching my daughter and her classmates perform their creation and everything that went along with it – i.e. the posters, the t-shirts, the stage props, etc., and more importantly watching the classmates interact so positively in the gym after the performance. It was obvious that this project brought them together. (Personal communication, May, 2012)

I still hear from parents and students about the positive impact of that year. It gave students confidence and a sense of belonging in their school life.

The human need to belong could be considered fundamental. A literature review conducted by Roy Baumeister and Mark Leary (1995) looked at this hypothesis. They commented:

Many of the strongest emotions people experience, both positive and negative, are linked to belongingness. Evidence suggests a general conclusion that being accepted, included, or welcomed leads to a variety of positive emotions (e.g., happiness, elation, contentment, and calm), whereas being rejected, excluded, or ignored leads to potent negative feelings (e.g., anxiety, depression, grief, jealousy, and loneliness). (p. 508)

Baumeister and Leary (1995) also stated that human connection has a holistic effect on each person, including cognitive function and physical well-being. They explained:

This review has shown multiple links between the need to belong and cognitive processes, emotional patterns, behavioral responses, and health and well-being. The desire for interpersonal attachment may well be one of the most far-reaching and integrative constructs currently available to understand human nature. (p. 522)

Hall (2014) agreed stating:

A sense of belonging is a human need, just like the need for food and shelter. Feeling that you belong is most important in seeing value in life and in coping with intensely

painful emotions... A sense of belonging to a greater community improves your motivation, health, and happiness. (n.p.)

Both found and chosen communities offer opportunities for this important human attachment, however, when people are excluded from the group, a sense of belonging, and personal balance is much harder to maintain. As an adult, Maurice and Jeanne's daughter is still dealing with the effects of marginalization from her elementary school experiences – when she would sit “on a little ledge that looked out onto the playground, and the girls would say, ‘We’ll play with you another day’” (Jeanne, recorded conversation). Given that the need to belong is fundamental to our health, happiness and growth, perhaps being excluded from a community begins an erosion of everything we have become and sets us on a dark and lonely path.

In her book, *You Can't Say You Can't Play* (1992), Vivian Gussin Paley discussed how students exclude others from an early age. She opened her book with the following classroom observation and reflection:

Turning sixty, I am more aware of the voices of exclusion in the classroom. “You can't play” suddenly seems overbearing and harsh, resounding like a slap from wall to wall.

How casually one child determines the fate of another. (p. 3)

Considering the importance of a sense of belonging on the human psyche, these words, uttered by a small child in Kindergarten, may have set in motion, for the outcast, a feeling of loneliness and insecurity. It is so easy for adults to dismiss these words, but most of us can remember a time when we were rejected as children and it still stings a little. For Pierre and his sister, sitting on the outside, looking in, these three words had devastating and long-term effects.

As children, our found communities of family can offer us the support, love and acceptance to fulfill our need to belong, but as we move into adolescence, our school community becomes more important to our growth. Drolet and Arcand (2013) commented, “Trusting relationships at home, at school and within other social networks emerge as protective factors that are crucial to the positive development and well-being of early adolescents” (p. 29.) If relationships help us to feel protected and safe to grow into ourselves, what happens when we lose a piece of this shield and we are left out on our own? How can young people find a way to fit in when they feel discarded? How could a lonely little girl find a connection when, everyday, her peers promise to play with her tomorrow?

As a teacher, I have noticed that adolescence is the time when you rarely receive special notes, drawings or even valentines from students. I was always able to tell which of my students had begun the leap toward independence and maturity by the way they interacted with me. They began to loosen their ties with me, needing my approval and attention less, and their friends' affirmations more. According to Hamm and Faircloth (2005):

Friends constitute a key community for adolescents within their schools. Within this community, and not necessarily within the school at large, adolescents experience essential conditions that underlay a sense of psychological belonging and develop feelings of security, acceptance, and value. (p. 76)

But, what happens when a child is never allowed to "play"? What effect does rejection or exclusion have on the development of a young person?

Baumeister and Leary (1995) commented, "The weight of evidence suggests that lack of belongingness is a primary cause of multiple and diverse problems. It therefore seems appropriate to regard belongingness as a need rather than simply a want" (p. 511). As I reflected, again, on my conversations with Maurice and Jeanne, it was easy to see the implications of exclusion. Pierre and his siblings struggled to belong in their schools. They sat alone at recess, reading or watching the other children. Jeanne explained, "Pierre [told us] he never felt like he belonged" (recorded conversation). By the time Pierre had completed elementary school, he had become 'Angry Pierre,' suffering from depression and anxiety, and he had already considered ending his life. I wonder how his path may have been different had he found a place to belong in his school community.

Alexander (2000), a Canadian psychologist, described belonging as psychosocial integration. He explained that connecting and being accepted by others is essential to human existence. Alexander commented:

The cumbersome term, "psychosocial integration," refers simultaneously to an individual's experience of engagement with a group, and to the group's understanding and acceptance of the individual. Psychosocial integration is essential - it makes life bearable, and even joyful at its peaks... Inadequate psychosocial integration can be called "dislocation." Dislocation, in this broad sense of the term, is difficult to endure. Different forms of enforced dislocation, e.g., ostracism, excommunication, and solitary confinement, are so onerous that they have been used as extreme punishments from

ancient times until the present. Severe and prolonged dislocation regularly leads to suicide. (pp. 501-502)

By allowing exclusion of children such as Pierre and his older sister on the playground, are we allowing dislocation? Was this Pierre's experience in his elementary school? How can we create schools where everyone can find a place to belong? Maybe schools should create the rule suggested by Paley (1992) stating: "You can't say, you can't play." Perhaps this simple rule could begin a shift in society's thinking from exclusion to inclusion, and could help our students develop tolerance and empathy.

From the found community of Pre-kindergarten to Grade 8, children and adolescents search for connections that play a significant role in their personal development and sense of belonging. Perhaps my friend from the United States should be concerned about the school in which he registers his child. I wonder if he will find a school community that will offer a place for his child to belong and grow – where it is rare to hear the words, "You can't play."

High School Years: Communities for Teens and Young Adults

Adolescence is a time of self-discovery. Purple hair, crazy clothing, and controversial music are only a few ways young people attempt to discover and invent their voices and identities. Although adolescents are usually still a part of their found communities of family, school, neighbourhood, and church, they are becoming more autonomous in their choices. "In adolescence, in particular, Sense of Community (SoC) grows thanks to positive experiences with peers and significant adults in different settings (e.g. neighbourhoods, schools) and can give important contributions to the development of personal and social identity and to positive developmental outcomes" (Cigognani, Zani & Albanesi, 2012, p. 119). For adolescents, found communities of place create opportunities for choice in relationship, and exploration and change to the persona they have established thus far.

Counterstories

Adolescents, as a group, tend to rebel against the norms set by the broader found communities that include their teachers, parents, families and other authority figures. It may even be the contrast between ideologies of found communities, established by authority figures, and the adolescent chosen communities that affect and shape their identities. "Early adolescents spend time with their friends in environments that are real, electronic, or virtual. Together they share a range of experiences associated with adjusting to new freedoms, and new internal states

and desires” (Bukowski, Simard, Dubois & Lopez, 2011, p.159). Young people push the limits of their teachers, parents and themselves by challenging boundaries. Every middle years class that I taught, tested the waters to negotiate parameters with every teacher, and every year, young people leapt toward the ceiling tiles of the hallway to see if they had grown tall enough to reach. As young people grow, they begin to explore their power and boundaries, both physically and socially. They compare themselves to others in many ways, including how they fit with the ideals of their social environments. Nelson’s (1995) examination of communities of choice within found communities brought to light the notion of counterstories within communities. She wrote:

Counterstories are told much like any story whose aim is to make moral sense of something: one chooses particulars which in turn show up the relevance of other particulars, which in turn suggest the relevance of other moral notions, and so on, until details and moral interpretations have been placed in an equilibrium that points to a specific understanding of the state of affairs. Like other narratives of strong moral self-definition, counterstories are self-defining and capable of attending to difference, but they differ from some stories in the genre in that they are told for the specific purpose of resisting and undermining a dominant story. (p. 34)

Communities of choice, such as environmental clubs or social justice movements, offer venues where people can create counterstories that challenge the dominant voice of the found community, thus finding room for differences.

Connecting in high school. Zachary avidly anticipated high school, looking forward to the new friendship possibilities, connections, and choices this community could offer. He wrote:

I expect high school to be great... I am looking forward to meeting new people the most. I come from a small school so this change will be the biggest. There will be many people who share my interests and many people who don't, but I hope that I will find a good friend group. Friends are very important to me and in high school I hope to make many new ones. (Z. Semenoff, 2010)

For Zachary, high school was not nearly as intimidating as it was for his brothers. He wrote:

Both of my brothers are in high school and I have had the opportunity to hear many things about the experience. Because of this I kind of know what to expect. I already

know people in high school from grades nine to twelve, which will make this transition much easier. I feel lucky, and can't wait. (Z. Semenoff, 2010)

It seems that even birth order in the found community of family can affect our identity. Zachary felt he already had experiences and friends in this newly found high school community, which translated into a sense of ease and apparent confidence in this new community of place.

As a Grade 8 teacher, I have heard students, like Pierre, and their parents comment about looking toward high school as a panacea for their need to belong. These students are often outliers within their elementary school, and they hope that the larger high school will create more opportunities for relationship building. Pierre was looking forward to a fresh start in high school, and according to his parents, his entry into this new community began on a positive note. Maurice explained, "Pierre went [to high school] with really high expectations, because he was glad to be done with Grade 8. It started out really well. He played football, went to all the school dances, and he had fun" (recorded conversation). Pierre entered high school, hoping for new opportunities, experiences and connections.

Some parents, like Sally and Phil, offer their child an opportunity to choose their high school. Although location is still a factor for many people, adolescents are capable of independently traveling to the high school of their choice without their family's assistance. Buck chose his high school for the academic and experiential options it had to offer. Phil commented:

There were a lot of programs that were sort of design and craft and sort of engineering, woodworking type programs that he has always been, and still is, interested in...

Probably, that's one of the reasons [he chose this school.] He felt he would like to do, or try these things. (Recorded conversation)

Many students in Grade 8 look forward to the experiences and connections high schools can offer and state their readiness to move on to a more mature venue that does not include recess. However, a sense of belonging remains key to their successes.

As teens venture outside of their found communities of family and the narrow landscape of their elementary schools, they continue to reach out to others in an attempt to define themselves and find a place to belong.

During adolescence, friends become collaborators in a quest to understand themselves and validate one another... Confidential self-disclosure and gossip are used not only to build solidarity, but also to explore and evaluate similarities between oneself and peers as

well as how one stacks up against abstract ideals. (Bukowski, Buhrmester & Underwood, 2011, p. 166)

This year, I have overheard conversations among teens about politics, legalization of marijuana, whether it is “cool” to dye your hair blue, and many discussions about environmental issues. As these young people discussed what is important to them at the time, they begin to define their ideals. Conversations in chosen communities offer adolescents opportunities in which to explore the uncertainties and contradictions they feel about the ideologies purported by their broader found communities.

Friendship communities have been very important to my children, and although my sons considered their brothers to be their friends, they still needed and wanted to associate with people from outside of our community of family. Over the years, they have told me stories about the interesting games they played or made up, stories about which of their friends could eat the most macaroni and cheese, and how their friends’ lives differed from theirs. Every child connects with others in a different way. Later, I also learned about some of the more risky adventures my sons experienced with friends, such as riding kiddie cars down the hill into our fence and even worse, jumping off the roof onto the trampoline – death defying feats, thankfully accomplished without injury, before my husband or I returned home from work.

Although found communities “place us within a particular tradition [and] give us a language, a culture, an inheritance, a home” (Nelson, 1995, p. 28), it is often in chosen communities where people share their personal narratives and explore self-definition. Cliques, for example, “are often composed of similar types of students ... They find in others similar likes and dislikes ... [A clique] provides a meaningful experience for students to develop and understand themselves and their relationships” (Miller, Holcomb & Kraus, 2008, p. 215). In any high school, groups of young people come together for a variety of reasons, whether activity or interest-based, or because of prior associations or friendships.

The found community of the high school offers space for many communities of choice, however, as I mentioned earlier, not everyone finds an easy fit. As the culture of the school evolves through the interaction and discourse of the found community members, unwritten acceptable standards are determined by members of particular chosen communities or by the community as a whole and some of the students end up as outsiders. Friedman (1989) identified a number of concerns for the “moral claims made by a community” (p. 280). She discussed

moralization of the broader, found community as a possible cause for segregation and oppression of outsiders and outliers of the found community. “A community of choice might be a community of people who share a common oppression” (p. 290). This is illustrated through Jill’s positive experience with other teens sharing her challenges. Amanda commented, “She’s connected with a couple of young moms... [In this school] she can be with people that are in that same [situation in life.]” (recorded conversation). Jill, as a teen mom, found connection and commonality in her alternative high school, and found a place to belong that supported her and her needs.

Hollywood has capitalized on these segregation and oppression concepts through the production of common coming of age plotlines in popular teen movies. Who has not seen a movie where the underdog (outsider) takes on the popular students and student body as a whole (the broader community) and eventually learns to accept themselves and become a part of a chosen group within the found community of the high school? An example of this is *The Breakfast Club* (1984), which examined the lives of students from stereotypical high school cliques, labeling them athlete, basket case, princess, brain, and criminal.

Outside of Hollywood plotlines, some adolescents remain outsiders, oppressed, and segregated from the broader found community, marginalized on the school landscape, and some students are simply disillusioned by what they believed high school could offer. As a Grade 8 teacher, I have listened to many high school recruitment speeches and their promises of choice for their students. Although each year offered different opportunities for potential students, all of the recruiters stressed the importance of getting involved in the school community. Grade 9 students are encouraged to sign up for a plethora of clubs and sports teams and Welcome Weeks encourage involvement and fun. There seem to be so many communities to choose from within the high school experience, but I wonder if these options truly exist for everyone or if only a select few can partake in this school banquet. As students sign up to join teams and clubs, their hopes to belong soon become someone else’s decision. For some students, there may be an element of choice, but for others, promised chosen communities becomes a mirage; it can be seen in the distance, but as they appear to get closer, it fades away to shimmer once again in the distance.

Zachary was promised a fantastic sports experience, when he began high school. He tried out for the more senior team in Grade 9 and unlike most of the students who valiantly

demonstrated their skills during tryouts, he actually became one of the elite, a member of his chosen team. Membership for Zach that year became a lesson in dashed hopes. He consistently attended practices, but rarely played a game. He was told that his time would come, but the following year, when he successfully joined the even more senior team, he once again sat on the bench. He felt alienated and disillusioned even though he was one of the few students to actually be allowed to become a member of this elite group. Although, on paper, he was a part of his chosen group, he just did not feel accepted. This seemed to be such a small part of Zach's life, but I believe this disillusionment with his chosen community contributed to his drug use.

Similarly, Amanda attributed Jordyn's initial drug use to rejection from high school sports. She commented, "He got cut from the Grade 10 basketball team, and honestly, I don't know why that sticks out in my head, but it seems like after that, he went downhill" (recorded conversation). Phil and Sally also stated that they believed feelings of rejection from sports teams changed their son. Sally commented, "I definitely think that [his experience with soccer] was his initial trigger" (recorded conversation). High schools promise many opportunities for communities of choice, but what students may not understand is that only a few may actually fully participate or be offered the choices they seek. For high school students, who are on the outside of mainstream opportunities and social connections, there are other, sometimes unhealthy, options available to them that will fulfill their need to belong.

Searching for a community in which to belong. When people are marginalized, they will search for a place to belong. Sometimes these places exist within the landscapes of school, sometimes they are virtual. For Zachary, expanding his choices allowed for disruption of the values of our family and his community of origin through drug experimentation. "[T]here is some reason to be concerned that increasing our choices only increases the quantity at our disposal but does nothing to improve the quality of our ends, and in fact, if we are not careful, it may even worsen the quality of our ends" (Shields, 2005, p. 226). Shields (2005) challenged Friedman's (1989) positive view of communities of choice:

[I]ronically, communities of choice, epitomized by Internet, have a parallel danger of becoming narcissistic pools, where other people are just reflections of ourselves insofar as each individual only forms relations with people based on self-selected criteria... We can always find what we want to find. A narrow-minded bigot, for example, can always find an endless supply of likeminded and supportive individuals. This may be flattering

to an individual who conducts a search, but does not promote self-criticism or the reevaluation of our ends. (p. 226)

From my perspective as a parent, the communities of choice available to our children have not always been positive. For Zachary, and the children of this inquiry's participants, the expanded found communities of high school and the Internet may have offered too many choices that opposed the broader community's understanding of what is healthy behaviour, with limited peer challenges to those ideas. As a result, they were introduced to a counterstory favouring drug use.

The Internet: a smorgasbord for counterstories. The emergence of new technologies influenced the way my sons interacted with their friends. My two eldest sons used Microsoft Search Network (MSN) and later Facebook, but Zachary interacted with his peers primarily through Facebook and mobile texting.

Previous generations had certain locations or places, like the street, at home or in school, to meet, socialize and therefore to develop. We see the Internet as an additional zone for children and young people of today, where part of their development towards adulthood takes place. (Koot & Garde, 2013, p.165)

Young people are becoming "global citizens, increasingly in touch with other places and people in the world. This is particularly apparent once they reach adolescence, with transnational entertainment media now playing a key role in young people's identity formation and peer culture" (Livingstone & Bovill, 2001, p. 8). For me, choosing to allow our children access to these technologies was a difficult decision but, in the end, their arguments seemed valid and, after all, considering the importance of belonging, how could any parent condemn their children to certain social death?

Unfortunately, it was very difficult to monitor the information Zachary was accessing, due to the technological superiority of my son.

The onslaught of technology and the communicative veil of secrecy it provides gives rise to a myriad of secret-keeping behavior among adolescents. Social networking sites provide the ultimate opportunity to "get around" telling mom or dad what's really going on by taking advantage of their parents lack of "expertise" in this area. (Donovan, 2011, n.p.)

Pierre also accessed information that justified his drug use on the Internet. He learned how to make marijuana butter, found evidence to support his rationalization for marijuana use and

discovered that it could even cure cancer. Jordyn learned how to make apple bongs and mask the smell of his drug use with dryer sheets. The Internet offered a variety of seemingly reliable sources to support these young people's counterstory, as well as a global community willing to challenge the ideals of the broader community.

As Zachary continued to rationalize this counterstory through Facebook, texting, and online forums, he began to turn away from the dominant narrative and moralization of his found community of origin, consequently affecting his identity, relationships and his life. In examining adolescent health-risk behavior, Prinstein, Boergers & Spirito (2001) discovered that cigarette use, heavy drinking, and use of illegal substances "appear to be entrenched within adolescents' close friendships [chosen communities]. Thus attempts to alter adolescents' behavior should recognize that changes in behavior may have social consequences as well" (p. 295). Although we challenged Zachary to reconsider the unhealthy practices of his chosen communities, as parents we were unprepared for the difficulties he would face as he searched for new connections.

Trying to re-connect with healthier communities in high school. For some adolescents, a few mistakes, a bad haircut, or a disability may brand them as undesirable additions to the communities to which they would like to belong. In the found community of high school, reputations from past mistakes can impact choices and acceptance. I am always amazed, as a classroom teacher, how some students in middle years still tease their classmates about embarrassing events from their Kindergarten days. I am even more amazed by the long memory of the found classroom community surrounding the unfortunate event. These shared memories and perceptions about others in adolescents' found communities may lay the foundation for acceptance or rejection of membership in the more closed communities of choice.

In larger networks, perceptions, opinions, and feelings that individuals have about other members can be based on information obtained indirectly rather than through direct interactions. It can be difficult for students to change their social status or reputation, which can be distressing if one believes that others' perceptions of oneself are negative or if these perceptions are the basis for unwanted interactions, such as bullying.

(Véronneau, Trempe & Paiva, 2014, p. 687)

Trying to escape the drug scene was an insurmountable task for our son, Zachary. He knew that he needed to change friend groups, but because of texting, Facebook, and other social media, he

was unable to choose a different community. Like the children of the participant families, Zachary changed high schools many times in an attempt to find a healthier community, but his reputation and his past chosen communities impeded his ability to break into a new community of choice. It was at this time that I realized that for adolescents today, the reach and moralization of their found communities is much broader than the walls of any one high school.

Sally discussed her perspective about the anonymity she was promised for her son when Buck was ‘invited’ to find a new school. She commented, “Oh, they all know! Those schools are so connected it’s scary” (recorded conversation). Pierre’s experience with his Facebook take-over debacle also demonstrated the long memory and reach of today’s broader technological communities. I often wondered how far we would have had to travel to escape this reach, to give our son a chance at a new start.

As I reflected on my personal story and the stories shared by the parent participants, I began to see spaces where the importance of belonging became key in some of the challenges these young people faced. All of the young men were described as sensitive, intelligent and talented, and with the exception of Pierre, seemed to have friends and a place to belong in elementary school. Although all of the participants transitioned to their new schools with some friendly connections, as time went on, they began to lose links due to reasons such as exclusion from sports teams, and even expulsion from school. Brendtro, Mitchell and Jackson (2014), reiterated the importance of this connection, and a sense of belonging for youth. They explained:

Those without a sense of Belonging may find themselves craving attention, engaging in risky sexual behaviors, or joining a gang to meet the need for connections. Some who do not belong withdraw and isolate. In the extreme, they may be suspicious of the motivations of others—feeling as if others are actively trying to be hurtful or make life difficult. But, when Belonging is experienced with family and friends, life is fulfilling and fun. One can trust others, be trusted in return, and feel pride and acceptance. (p. 10)

Belonging brings a sense of well-being to our lives, and without it, behaviours can become extreme and self-destructive. We know the importance of a sense of belonging, yet practices, such as allowing children to exclude others, still exist in our schools. For some, finding a place to belong can be very challenging, however, when substance use disorders are added to this context, other, more insidious and stigmatizing lenses cloud perceptions, and issues of exclusion, and finding a healthy place to belong, can become even more difficult.

Stigma: A Social Narrative Within Our Communities

In their conversations with me, parents spoke about the stigma they and their children encountered in their communities regarding substance use disorders. Although I intrinsically understood that there is a lot of judgment surrounding drug users and their families, I didn't realize the social narratives of my environment have affected my own thinking. I reflected on the conversations about judgments their children experienced from schools, and teachers, and the conversations I have had with Zach about not having a friend group – that the only group that would accept him were those who were using drugs. I believe the underlying beliefs others held about drug users and the stigma of this disorder affected the recovery and health of our children.

A stigma, in ancient Greece, referred to a physical mark placed on the body of an undesirable person, such as a slave. According to Brouwer (1998), “a stigma was placed upon the body to indicate that the bearer was somehow inferior, polluted, or corrupt. The stigma warned others to avoid contact or communion with the bearer...” (p. 117). If marked with the stigma of drug use, young people may have fewer avenues to pursue relationships and achieve a sense of belonging. To better understand the underpinnings of community responses to drug use, I felt it important to examine literature that explored the concept of stigmatization as it connects to substance use disorders. Does stigma of drug use really exist in our communities? If so, why have we stigmatized this group of people? What are the consequences for the stigmatized? How does this concept intersect with the parents' narratives?

Does stigma of drug use exist in our communities? When I think about the mixed responses I have received regarding Zachary's death, it becomes clear to me that society has created a particular view of drug users and their families. In his book, *Chasing the Scream*, Johann Hari (2015) looked at how our governments, our laws, the media, and the broader community have created a perception that those who have substance use disorders are to be shunned. He explained this learned social response:

We all know the script: it is etched onto your subconscious, like the correct direction to look when you cross the street. Treat drug users and addicts like criminals. Repress them. Shame them. Coerce them into stopping. This is the prevailing view in almost every country of the world. (pp. 1-2)

There is no doubt in my mind there is stigma associated with drug use. It is evident when compassion switches off with the mention of a child who died of an overdose, as happened to my

husband at the airport when he explained how our son died, or when we view movies and television shows that simply dismiss, or even mock the death of a “junkie.”

According to Lloyd (2013), people with and associated with substance use disorders encounter significant stigma in their daily lives. Lloyd (2013) explained the extent of this social moralization:

To be a PDU [problem drug user], addict, junkie or drug abuser is to have a master status that greatly affects one’s interactions with others: with members of the public, nurses, doctors, pharmacists and police officers alike. It is a status that obscures all others, and it is a status that frequently incites disgust, anger, judgement and censure in others. No wonder then that stigmatization has a profound effect on drug users: on their sense of self-worth and their ability to escape addiction. (p. 93)

Addict, junkie, and drug abuser – all derogatory labels for people with health problems, yet still somewhat socially acceptable. Until a few years ago, we also accepted words like faggot and dyke, and even before that, nigger, squaw, and chink. Perhaps it is time to look at the language society uses to describe some of our students and our children. Lloyd (2013) also referenced drug users’ status as it affects their interactions with professional members of the community, including health care professionals, and the police. Perhaps teachers and school personnel should also be included in his list. I wonder how this underlying stigma has affected the way school staff relates to students. What concerned me the most about Lloyd’s comment was the emotional responses he explained people have with respect to drug users – “disgust, anger, judgement and censure” (p. 93). Is this how people, students, teachers, police, and health care professionals, responded to my child and the children of the participants? These are not emotions we often connect with welcome, inclusion and compassion. Was stigma a barrier to my child’s recovery?

Barry, McGinty, Pescosolido and Goldman (2014) compared public attitudes of Americans about mental illness and drug addiction in a web-based national survey. Their results “indicate that the American public holds significantly more negative attitudes toward persons with drug addiction than toward those with mental illness” (pp. 1270 – 1271). They explained:

More respondents were unwilling to have a person with drug addiction marry into their family or work closely with them. Respondents were more willing to accept discriminatory practices against persons with drug addiction, more skeptical about the

effectiveness of treatments, and more likely to oppose policies aimed at helping them. (p. 1269)

The stigma of drug use is very real, and if programming, or policies are even available to help the people who suffer from substance abuse disorders, the stigma itself could impede recovery. Exploring how stigma manifests for individuals is important to understanding our responses to people with substance use disorders.

Four elements of stigma. Link and Phelan (2001) suggested four intersecting elements of stigma. “We apply the term stigma when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold” (p. 367). The following explains each intersecting element in more detail.

Labeling. Labeling focuses on the socially selected differences that mark an individual. As with cliques, labeling is simplified to categories such as jocks, geeks and druggies, decided upon by the social and cultural forces of the group. For Zach and the participants’ children, excessive drug use became the factor that labeled them, putting them on a path to be shunned.

Stereotyping. Stereotyping of drug users is rampant in our society, fueled by the war on drugs, media and our subsequent fear (Lloyd, 2013; Hari, 2015). “Moral views may result in stereotypes that individuals with SUDs [substance use disorders] are weak, lack willpower, and are to blame for their poor choices” (Merril & Monti, 2015, p. 7). According to our shared social narrative, drug users are dangerous, weak deviants who have no redeeming qualities. People say, “He is a drug addict,” not “He suffers from drug addiction.” This is what we see on television; this is what we have been led to believe. If you earn this label of drug abuser, this is who you are. This is what we, and our children, have been socialized to believe about others and themselves.

Separation. The separation process creates a sense of “us” and “them” (Link & Phelan, 2001; Morone, 1997), with those who are excessively using drugs as the “them” who are very different from upstanding citizens. Link and Phelan (2001) explained:

When labeled persons are believed to be distinctly different, stereotyping can be smoothly accomplished because there is little harm in attributing all manner of bad characteristics to “them.” In the extreme, the stigmatized person is thought to be so different from “us” as to be not really human. And again, in the extreme, all manner of horrific treatment of “them” becomes possible. (p. 370)

As parents and adults, we have been socialized to the stereotyping that occurs with drug use. All of the parents in this inquiry recognized the risk and possible consequences associated with sharing their stories with others. We had all judged others, and we knew our children and our families would be judged as well. How can we change this pattern so that reaching out for help does not label and ostracize our children? How can teens on drugs find a sense of belonging when separation seems to be inevitable?

Status loss and discrimination. Within every school I have been a part, I have felt a hierarchy of status among groups of students. Students knew who was at the top of the hierarchy and where they fit in this social standing. This status has already been discussed within the concept of cliques and ‘popular’ groups referenced earlier. It is the power relationships within the group that determines who will rise or fall in status. “Stigma, and the extent to which it is successfully attributed and accepted, should be understood from the unequal (social) power relations from within the context it operates” (Simmonds & Coomber, 2009, p. 122). For young people with substance use disorders, stigma of drug use affects their status in their community and they often experience discrimination from association or membership within the group they were once a part.

Stigma exists for people suffering from substance use disorders (SUDs). It is an underlying social narrative in our communities, and it impacts students in our schools. These preconceived notions interrupt some students’ possibilities to find a healthy place to belong, thereby caging them in a world they may be trying to escape.

Lloyd (2013) outlined two reasons for the extreme emotional responses to drug use and drug users:

Two central issues that have been identified in the general stigma literature and which seem particularly relevant to [problem drug users,] PDUs, are danger and blame. The greater the extent to which PDUs are seen as dangerous and to blame for their situation, the greater will be their stigmatization. If the extreme stigmatization of PDUs is to be reduced, it may therefore be necessary to find ways to reduce inflated fears about PDUs and help people to understand that PDUs are not simply and solely ‘to blame’ for their condition. (p. 93)

School personnel and parents want to protect students from harm in schools. If young people who suffer from substance use disorders are perceived to be a danger to others, and more

importantly, that their substance use disorders are their faults, it makes sad sense that the community would want to exclude them from connections with healthier, ‘uncorrupted’ children.

Rosenbloom (2007) explained that these dangerous beliefs of drug use could be one of the most difficult hurdles to overcome when trying to recover from addiction.

Society imposes stigma - and its damage - on addicts and their families because many of us still believe that addiction is a character flaw or weakness that probably can't be cured. The stigma against people with addictions is so deeply rooted that it continues even in the face of the scientific evidence that addiction is a treatable disease and even when we know people in our families and communities living wonderful lives in long-term recovery. (p.183)

Addiction is a personal weakness and a choice? Whenever I hear people articulate these concerns, I feel an overwhelming urge to challenge their thinking. I want to ask, “Does anyone wake up one day and say, ‘Someday, I hope to become addicted to drugs?’ Or brag, ‘I aspire to a substance use disorder that puts me in conflict with the family I love, and causes me to do things that are against everything I believe?’” No one chooses this health issue, and people who are impacted need the support of the community, not the fear and judgment that accompanies stigma.

What are the consequences for the stigmatized? If the stigma of drug use creates a socially accepted, and terrifying story about the people who suffer from substance use disorders, their opportunities to fulfill their human need to belong must be significantly diminished. According to LeBel (2008) “members of stigmatized groups are devalued and discriminated against by the general public and often suffer from social exclusion and status loss as a result (pp. 410 - 411). When I think about Alexander’s (2000) concept of dislocation, defined earlier as “inadequate psychosocial integration” (p. 501), I wonder if the stigma of drug use becomes a nail in the coffin of possible healthy human connection. Is it even possible to escape this cage? Alexander (2000) discussed the effect of dislocation on individuals:

Whether or not it is universal, severe dislocation provokes a desperate response.

Dislocated people struggle to find or restore psychosocial integration - to somehow “get a life”. People who are persistently unable to achieve and maintain genuine psychosocial integration eventually construct lifestyles that substitute for it... Even the most repellent substitute lifestyles are adaptive as substitutes for psychosocial integration. For example,

membership in a violent youth gang, offensive as it may be to society and to the gang member's own values, is far more endurable than no identity at all. Even the barren pleasures of being a street "junkie" - transient relief from pain, the nervous thrill of crime, pariah status - are less painful than the unrelenting depression and aimlessness of dislocation. (pp. 502-503)

Is it possible to emerge from the stigma and moralization of the greater community? How entrenched are teens in the patterns of this moralization regarding drug use?

According to Link and Phelan (2001), status loss and discrimination, already mentioned earlier, are the consequences suffered by those who have experienced labeling, stereotyping and separation. They explained:

When people are labeled, set apart, and linked to undesirable characteristics, a rationale is constructed for devaluing, rejecting, and excluding them. Thus, people are stigmatized when the fact that they are labeled, set apart, and linked to undesirable characteristics leads them to experience status loss and discrimination. (pp. 370-371)

Students who have been stigmatized due to drug use face not only their health challenges, but also the barriers created by social moralization. Whether they choose it or not, drug users may become a part of a counterstory within their high school and peer group that they cannot escape. Adlaf, Hamilton, Wu and Noh (2009) conducted a study of 7726 Canadian students in grades 7 to 12, from 42 school boards, 137 schools, and 445 classrooms. Stigma items regarding drug addiction, were asked of a random half sample of 4078 students. Students completed questionnaires in intact classrooms from regular public and Catholic school divisions.

The items were based on a 5-point scale and included the following: (1) Would you be afraid to talk to someone who is addicted to drugs? (2) Would you be upset or disturbed to be in the same class with someone who is addicted to drugs? (3) Would you make friends with someone who is addicted to drugs? (4) Would you feel embarrassed or ashamed if your friends knew that someone in your family was addicted to drugs?

Over half of the respondents reported they would feel shame if people knew someone in their family was addicted to drugs, about one-third reported being afraid to converse or become friends with someone addicted to drugs and about one in 5 reported being uncomfortable sharing their classroom. Drug stigma appeared to be much higher in younger adolescents, especially among those who do not use drugs themselves, but tolerance seemed to increase, as adolescents

got older, regardless of gender or school location. The researchers commented, “Although causal direction cannot be determined from the present study, it is evident that familiarity or contact with drug using friends is indeed related to a reduction in stigma, especially among those in early- to mid-adolescence” (Adlaf et. al., 2009, p. 363).

According to this study, stigma was also related to the type of drug used. The researchers explained:

Negative attitudes toward drug addiction were more severe among adolescents who use cannabis than among adolescents who use other illicit drugs. This may be somewhat attributed to a perception among individuals who use only cannabis that their behaviour is less dangerous and their drug of choice less addictive. Thus, they may see little similarity between themselves and persons who are addicted to drugs.” (Adlaf et. al., 2009, p. 363)

It is clear that drug stigma is a part of school communities, and it doesn't seem to matter where you live. According to this research, it seems that the only people that are able to overlook drug use are drug users as well. If a young person is trying to join new communities, away from the drug culture, they are likely to encounter significant stigma and barriers to connection, especially in early to mid-adolescence.

Ahern, Stuber, and Galea (2007) commented that people who use substances experience stigmatization that may affect their health in at least two ways. First, chronic mental and physical health may be affected due to chronic stress resulting from experiences of discrimination and rejection from others. Not only do people experience stigmatization while using substances, but “[t]he level of stigma perceived by illicit drug users has been shown to persist even when drug use is reduced or ended” (p.188). Second, “as a barrier to care, stigma and discrimination may adversely affect both mental health and physical health by impeding entry into the health care system, reducing accurate reporting of health issues, and lowering the quality of care received” (p.189). Lack of belonging for young people who suffer from substance use disorders causes serious stress, but even when they have found the strength to stop taking drugs, they continue to be excluded due to stigmatizing responses of others.

A sense of belonging is clearly paramount to every person's health and wellbeing. Without a place to belong, young people may turn to self-destructive behaviour (Brendtro, Mitchell & Jackson 2014) and through drug use, may become even more dislocated from the

greater community through stigmatization. Although all of the participants' children entered high school with some connections, as time went on, they began to lose links due to reasons such as exclusion from sports teams, and even expulsion from school.

According to Rosenbloom (2007) stigma also creates a need for people to hide their problems from those who love and support them:

The stress of stigma often causes other medical and social problems for addicted individuals and their families. This is especially true when an adolescent has an alcohol or drug problem. Teens often hide the problem from their parents in part because of the fear generated by stigma. (p. 183)

Young people, who for whatever reason have developed a substance use disorder, have unknowingly created more than just physical challenges for themselves. The stigma of drug use severs relationships and social status. It can follow you even when you are no longer using drugs and telling your parents is out of the question. Drug use seems to be a cage, created by stigma, moralization and prejudice. External social judgment takes a toll on young people, but what happens when a user has been socialized to accept this narrative about people who use drugs? What does community moralization and stigmatization lead young people to believe about themselves?

Self- stigmatization

Self-stigmatization, also known as internalized stigma, is “the devaluation, shame, secrecy and withdrawal triggered by applying negative stereotypes to oneself” (Ritsher, Otilingam & Grajales, 2003, p. 32). According to Corrigan, Watson and Barr (2006), self-stigma begins with an awareness of public stigma. People, who self-stigmatize agree with the public's perception of the stigmatized group, internalize the stigma, and then apply these stereotypes to others and themselves. “[Persons] living in a culture steeped in stigmatizing images, may accept these notions and suffer diminished self-esteem and self-efficacy as a result” (Corrigan & Watson, 2002, p.35). Every time Zach entered a new school community in an attempt to find a place to belong, away from the drug scene, he was discouraged. He bore the stigma of drug use, even though he had completed 28 days in ‘rehab’, and his reputation followed him. He was ashamed of his failure to be the young man he knew he could have been, and no matter how hard he tried, he couldn't break into a social group with a healthier lifestyle. He often spoke of his loneliness and explained that the “druggies” were the only people that offered him the friendship

he craved. He spoke in self-defeat and frustration, of not living up to his potential and how he would never be able to get back what he had thrown away by using drugs. My son had embraced the “why try effect” (Corrigan, Larson & Rusch, 2009). He believed the stereotypes about himself, and was often too discouraged to attempt the many recovery tasks before him, deeming them to be insurmountable – certain that he would fail. No matter what we said, his self-esteem continued to diminish, especially as the cage of public stigma enveloped him.

Rosenbloom (2007) discussed self-stigmatization and how it affects people with substance use disorders:

People who are victims of stigma internalize the hate it carries, transforming it to shame and hiding from its effects. Too often, people with alcohol and drug problems and their families begin to accept the ideas that addiction is their own fault and that maybe they are too weak to do anything about it. (p.183.)

Like Zach, Jordyn and Buck have displayed a lot of anger and frustration about their young lives, and although they have tried numerous times, they have been challenged in their recovery efforts. Perhaps this could be partially attributed to the stigmatization of society and the self-stigmatization that has resulted.

Learning about societal stigma that exists for people with substance use disorders and their families changed the context in which I examined the experiences of my family and the participants. Stigmatization can come from many sources. Students set up barriers to belonging through text messaging and gossip. Administrators chose to shift the responsibility of educating our children to other schools rather than find solutions. A teacher refused to work with Pierre who was truly suffering and falling asleep in class. Health professionals ignored pleas for help, insisting on wait times and dropping the ball on treatment.

Musings and Concluding Thoughts

As a teacher, I recognize that inquiry begins with questions, and leads to many more questions. As I continue to read and wonder, there are four main themes that have persistently emerged for me. First, the need to belong and a sense of belonging seem to be innately part of the human condition. As I travel from school to school in my new position, I am becoming more aware of the importance of building a school climate of inclusion. The gifted students with whom I work often discuss feelings of exclusion, how it affects them and their classmates, and how much they value friendship. Within school communities, we are beginning to respond to

overt signs of exclusion and bullying, however the underlying social structure Paley (1992) explored that allows children to say, “you can’t play” has yet to be addressed.

Second, because of this need to belong, I have come to believe that it is imperative that school communities take on the job of purposefully nurturing inclusivity in school communities. Adults in school communities must push against the status quo of broader communities to affect change to the way society interacts.

Third, without teacher engagement and vigilance, some students will continue to be marginalized. Because of the implications connected to this issue, educators must be ready to intervene to help those on the outside.

Finally, stigmatization of drug users is also a barrier to a sense of belonging. Even after a person has quit using drugs, they are still left on the outside looking in. Additionally, social media has provided a superhighway of information about others, making it very difficult for young people to escape their labels. One of my students commented, “Now, with social media and the extent of its footprint in the world, it becomes harder to have a fresh start and leave past troubles behind” (Personal email, March 16, 2016). People use drugs for many reasons. Perhaps if we shifted our worldview of drug users and worked toward more inclusive environments in our schools, we could create a safe place for these students to move toward a healthier lifestyle and recovery. The next chapter examines these four ideas and their implications for school communities.

Chapter 8

Schools and Kids

*All the lonely people
Where do they all come from?
All the lonely people
Where do they all belong?*

(From “Eleanor Rigby,” Lennon & McCartney, 1966)

Humans know the power of the need to belong. We see it every day on the world’s stage. Media stories of radicalized youth, gangs, and tragedies like Columbine and La Loche High Schools simmer with unfulfilled needs to belong. We see the power of this need in Hollywood narratives, in the tears of bully victims and marginalized children, and in the cut arms and legs of young people – wounds self-inflicted to release internal pain. The parent participants and I saw this quest to belong heartbreakingly play out in the lives of our children. Humans intrinsically know the power of this yearning and its importance to our happiness and self-actualization.

If the need to belong can be considered a fundamental human need (Baumeister & Leary, 1995; Hall, 2014) what are the implications for school communities? According to Anderman (2002):

Results of a variety of studies converge on the consistent finding that perceiving a sense of belonging or connectedness with one’s school is related to positive academic, psychological, and behavioral outcomes during adolescence. Although different researchers operationalize and study belonging in various ways, there is a general consensus among a broad array of researchers that a perceived sense of belonging is a basic psychological need and that when this need is met, positive outcomes occur. (p. 796)

How can schools respond to this basic human need? How can schools build climates and support systems that foster each young person’s connection in their school communities? The parent participants’ narratives revealed themes for discussion – where schools could fit to change the story. This chapter explores four notions school communities could explore to respond to

students' need to belong: (1) creating hospitality and welcome for all students; (2) purposefully nurturing inclusivity in school communities; (3) encouraging teacher vigilance and intervention opportunities for marginalized students; and (4) working toward de-stigmatizing schools through education about mental health and substance use disorders.

Hospitality and Welcome for All Students

The concept of hospitality has been studied from numerous disciplines and viewpoints (Lynch, Germann Molz, Lugosi & Lashley, 2011). Beardsworth and Keil (1997) stated, "In all the social anthropological and historical accounts of traditional societies there is strong emphasis on the importance of hospitality" (p. 101). In many societies, historically and currently, there is an expectation to extend hospitality to others through food, drink and shelter, and in some contexts, protection, and an exchange of honour and loyalty as well (Lynch et al., 2011). Hospitality in our homes may tend to basic physical needs, but it may also provide for personal and social needs through inclusion, conversation, and entertainment. In essence, we provide for our guest's basic needs, including the need to belong. Within the context of school landscape, hospitality and welcome are also important.

Can you remember a time when you felt unwelcome? It may have been at a party where you did not know anyone or did not fit with the group. It may have been the first time you met a friend's family, or perhaps when you found yourself on the bleachers, cheering for the "wrong" side. Feigned politeness, veiled insults, dismissive attitudes, and whispered comments can cause discomfort for anyone. In some situations, like what may happen to young men who date young women with many brothers, warnings of possible retribution for imagined future missteps can be off putting and downright intimidating. For many, even the thought of meeting the family of loved ones for the first time can cause feelings of insecurity and anxiety. A genuine welcome combined with hospitality can assuage nerves and become the catalyst to positive relationships and connections.

Entering a school community for the first time, or even after long breaks, can be a very emotional experience for both the children and their parents. Over the years, I have encountered many families wandering the halls of their school before opening day, re-acclimatizing to the environment, hoping to calm heightened emotions. It has been my experience that teachers understand the positive impact of a smile, a wave or a few words of welcome and encouragement in these cases.

For young people who are looking for a fresh start, hospitality and welcome are even more important. Littky and Grabelle (2004) commented:

Those of us involved in kids' lives need to remember how fragile they are, especially teenagers. Even the toughest ones need us more than they would ever admit. As adults, we have the power to break their spirits with even the smallest word or gesture, and with some kids, we may never get a chance to help build them back up again. (p. 20)

If schools intend to build positive relationships to support students, especially young people like those discussed in this inquiry, feeling welcomed is critical. It is important for fragile youth to feel a sense of hope for opportunities for successful relationship building with both staff and students.

The participant parents all described scenarios where their children, who had already developed substance use issues, entered a new school community. To me, most of their experiences seemed to be painful and lacking in hospitality, echoing my own experience with Zach. One particularly painful day comes to mind. After Zach had successfully completed his 28 days of drug rehabilitation, he decided to change schools for an opportunity for a new start, away from the temptation of renewing unhealthy friendships. Although he knew this change would not solve his problems, he believed switching school systems would allow him more anonymity among staff and students, so he could escape the labeling he had acquired in other school communities.

My husband and I contacted the school Zach chose and, in the interest of full disclosure and partnership in our child's education, explained Zach's difficult personal health journey. Our telephone conversations with the vice-principal suggested this was a welcoming school community, and we all entered the high school that day with fresh hope for positive possibilities. Zach was anxious and nervous. He was entering yet another school community, and would have to meet a lot of new people. He was also freshly into his recovery process, and was struggling physically, emotionally, and socially. Although Zach was not natured to give up, his struggle with substance use disorder and the stigmatization he had encountered had definitely shaken his confidence. Even his belief in his academic abilities had been compromised, as his concentration had been challenged due to sleep deprivation and detoxification. What my son desperately needed was kindness and support at this vulnerable time in his life, but unfortunately what he encountered that day was the antipathy of welcome. The principal met us with a very stern

demeanour. In his opening speech, he discussed Zach's deficits, outlined punishments, and warned him away from particular students. He indifferently remarked that he was not happy to see us or allow Zach into his school, but he had no choice. Zach had not been asked to leave any school. This move was Zach's decision. He was looking for a better school environment to heal and recover. My husband and I were appalled with the behaviour of the principal, and on the drive home, we asked Zach to reconsider his move. Although Zach was devastated and angered by the principal's remarks, he was determined to succeed in his recovery and felt it was his best choice. I still feel sick when I think of what Zach had to endure that day.

To check my recollection of this incident, as it had been more than three years, I asked my husband about what he remembered. Although we spoke about this incident at length, he went into his home office and wrote me a long and detailed email, seething with remembered frustration. He wrote:

Of all the days I dealt with Zach and the schools, this memory is the most vivid, and the most painful to relive. I remember how proud Zach was of his accomplishment – he had successfully completed a 28-day course of rehabilitation treatment, and he was anxious to move on, and put a bad part of his life behind him. The Vice Principal had been excellent to deal with - warm, seemingly caring, and inviting Zach into the school community. We had discussed his history openly with her, and his concern that the month lost in rehab was going to jeopardize his academic standing that year. Zach desperately wanted to move forward, complete the year with good marks, and change his stars. For the first time in absolutely months, I held some optimism for Zach, for his future, and that just perhaps, that the worst was behind us.

We were lead from the Vice-Principal's office to that of the Principal. We were told he wanted to meet us – to meet Zach. The principal's demeanour was in sharp contrast to the Vice-Principal's. He offered what could most charitably be described as a “shit-in-advance” lecture. He told Zach he knew all about Zach's history, and the history of “kids like you.” He warned Zach about the consequences of further association with “druggies” and how he would be kicked out of this school as well. I told the Principal that Zach hadn't been kicked out of his prior school. He was there to try and change his social cohort. The Principal didn't even acknowledge my comment, and he continued berating Zach.

Zach just sat there, crestfallen. My heart ached for him. I had been a police officer for many, many years, and was still involved in criminal justice work across North America. I knew a power trip when I saw one, and this was one of the best I'd seen. My son was choosing, on his own accord, to leave his past behind, all with a hope to start a new chapter. Now, here was this Principal, this authority figure, holding all the power in the world over my son, telling him that he was worthless and inconsequential, and doomed to fail. His past mattered more than what he hoped to make of the future... "I'll be watching you very closely," the principal told him ominously. No welcome... no hope.

I wanted to scream at him, "How dare you! How dare you dash my son's hopes so thoroughly, so completely, on his first day out of rehab. His struggle has been the largest of his young life, and you've reduced him to worthlessness." I wanted to tell Zach, there and then, "Forget it - You won't get a fresh start at this school. Let's go somewhere else." I've never been so close to screaming profanities at another man in my life. Just reliving this incident makes me incredibly angry, more than three years later.

I let my son down by not speaking out for him – by letting this man crush him before he'd had a chance to prove himself. I believe this was one of the greatest mistakes I ever made with Zach. I ignored that instinctive voice I had learned to trust over all those years as a cop. I will regret not speaking out for the rest of my life. (J. Semenoff, personal communication, August 8, 2016).

Zach was sixteen years old at this time. It is unfortunate that this administrator could not see the courage, tenacity, and determination to succeed Zach exhibited through the oppressive veil of stigma.

Phil and Sally also commented on the obvious reluctance of a principal to welcome Buck into the school community. They commented:

Phil: Well it's a bit of a cringe. "Great, I'm just going have to have known drug dealers in my school. That's brilliant!"

Sally: You can see it from their point of view...

Phil: Can't blame the guy.

Sally: But you can see it from Buck's side as well. (Recorded conversation)

Buck also bore the dubious welcome that Zach had experienced. Different administrators, and different schools, with the same detrimental and dismissive attitude, directed toward a fragile, struggling kid.

Jeanne and Maurice's shared experience about Pierre's return to school one fall spoke to the rejection their son endured over the course of a few days. They commented:

Jeanne: [Pierre] walked into his school and was told, "We are rejecting you." That is the message he got! He was so angry. And then, we went to [the alternative high school], and he was really angry about that, but guess what they said? "We are not taking you either. You have to go to the [remote alternative high school.] So, two rejections, in person... So then we went to [a high school from the other school system.] I went with Pierre and we talked to the principal. He said, "I think we can take you, but you can wait in the hallway for a minute," and he phoned [the alternative high school.] He called us back in, and he said, "Out of respect for my colleague, I cannot take Pierre. Because of what they feel are his issues, we cannot take him..."

Maurice: ... It was almost like they said, "Okay, we don't want this kid, because if he kills himself it will make us look bad. We don't care if he kills himself as long as it's not at our school." That's exactly how I felt.

Jeanne: That was how we felt. (Recorded conversation)

Administrators in numerous school communities rejected Pierre. I cannot imagine the hurt and disillusionment he felt.

School leaders set the tone for welcoming and hospitality in their schools, which is especially important for students who have become outliers in school communities and have begun to self-stigmatize. Osterman (2000) commented, "Conditions in the classroom and school influence students' feelings about themselves; these in turn are reflected in student engagement and achievement" (p. 360). What did these administrators' words and actions say to Zach and the struggling children of the parent participants? How could these young people believe these new schools could be places to find success, and connections to fulfill their needs to belong, when those in power were shunning them at first introduction?

Love (2015) discussed the importance of positive, welcoming school climates with respect to another stigmatized group, the LGBTQ community:

For youth to thrive in their schools and communities, they need to feel socially, emotionally, and physically safe and supported. A positive school climate has been associated with decreased depression, suicidal feelings, substance use, and unexcused school absences among LGBTQ students. (n.p.)

School communities are beginning to find spaces for students in the LGBTQ community, welcoming them and making a difference in their lives, perhaps educators can become more hospitable and open to students with substance use disorders as well.

Just for a moment, let us imagine a different school entry scenario for these three young men. How could their lives have changed if they had been truly welcomed with hospitality into their new schools? Our children may still have struggled with substance use disorders, but the trust and positive feelings of connection created by a welcoming beginning may have provided sanctuary where they could seek help, or find support when they stumbled.

The welcome one receives from any community lays the foundation for future relationships and trust. Providing hospitality to all young people who seek membership in school communities has the potential to positively affect their self-concept, achievement and even their mental health. If we, as educators, attend to the fragility of our youth and strive to empower their spirits through hospitality, perhaps they will feel valued in community, thereby fulfilling their need to belong.

Transitions. For many students, change can be stressful, and transitions for marginalized students may require additional attention and hospitality. According to Bowes et al. (2013), “School transitions represent key periods of change during childhood involving marked differences in social contexts” (p. 334). These social contexts could include year to year transitions with changing teachers or classmates, elementary to high school transitions, and changes to school communities. The parent participants referenced transitions from high school to high school, because of personal choice or expulsions, transitions to and from alternative programs, as well as transitions back to mainstream life after rehabilitation hospitalization or programming. They recognized their children needed support from school during each transitional period.

For Jill, Amanda’s daughter, transitions between high school and alternative programs seemed to be smooth and supported. Because of Amanda’s prior relationship with the school counselor, she felt she had been guided and supported through every step of the process to access

programming at the alternative high school for Jill. She also felt Jill received the support she needed to succeed during and after the change. When Jill became pregnant and had to move to another school, Amanda again believed Jill received the transitional support she needed. She commented:

Actually it's nice, it worked out being best because [Jill] was able to go to the new school, get settled in there, get daycare and get prepared for the next semester. So, it actually worked out, it actually worked well... (Recorded conversation)

Amanda believed the schools spent time to welcome and acclimatize Jill to her new environments and ensured that she had the social supports necessary to fulfill her need to belong and feel safe. Perhaps the school's attention to Jill's transitions that orchestrated opportunities for her to feel connected on the school landscape factored in Jill's successful recovery.

The boys featured in this inquiry struggled with transitions and did not appear to have the same supports that Jill encountered. When Buck had to return to his mainstream high school because the alternative school did not have the academic program he needed to complete Grade 12, he was afraid, and worried that he would not find a place in the bigger school community.

Phil and Sally explained:

Phil: ... Basically, he said he didn't feel like he wanted to go back to another big school because...

Sally: He was scared; he was scared to go back to another big school... and they made him leave.... And there was no transition either. They made it sound like there was going to be a transition, but there was nothing.

Phil: No. Here you go, start your next day in the big school, in the big wide world. Everything is going to be fine. You get to see the school counselor once a week! ... Just straight there, two and a half years at the [alternative high school program] and straight to [mainstream] high school again. Talk about being thrown in the lion's den! I questioned it at the time, severely, and they just said, "Oh he will be fine, go to a counselor."... [He had] been hiding in [this alternative high school program] for two and a half years and they just think he is going to walk into [a mainstream high school] and everything is going to be fine?

Sally: And I just feel stupid thinking... I don't know. (Recorded conversation)

Sally and Phil questioned the transition process, knowing their son had trepidations about the change, but were assured there would be transitional support. Phil spoke about how their son hid in the alternative high school, obviously needing a smaller community to feel connected. Unfortunately, Buck did not last long in the bigger school. The social support system he had come to rely on was gone.

Jill's transition from that same alternative high school was handled differently, probably because of her pregnancy. For Jill, there were already structured peer communities in place that could welcome her and help her navigate her new social and academic scene. Educators could provide organized social supports for all students' transitions, and ensure marginalized students access to ready-made opportunities to connect with peers to satisfy their need to belong. Transition support could include creating authentic communities that include peers and significant adults such as teachers, educational assistants, counselors, parents or other people in the community who can become advocates for students. These supports could evolve with students' emerging needs, with the goal of inclusivity in mind. For students in transition, welcoming, hospitality and social support could catalyze positive interaction and connection on the school landscape to satisfy students' need to belong.

Purposefully Nurturing Inclusivity and Relationships

Why should schools create school climates and programming that support inclusivity and relationships? Shochet, Dadds, Ham and Montague (2006) surveyed 2,022 students, ages 12 to 14 years, over an 18 month period, to discover if there was a correlation between school connectedness and mental health symptoms. Their results suggested "a stronger than previously reported association with school connectedness and adolescent depressive symptoms in particular and a predictive link from school connectedness to future mental health problems" (p. 170). What was most surprising about their findings was the cause and effect relationship they posited. "Associations between school connectedness and future depression were found for both boys and girls and were in the direction of school connectedness to depression rather than the other way around" (p.178). Positive school climates that foster connection and relationships are important for students' mental health.

Osterman (2000) commented, "The need for relatedness involves the need to feel securely connected to others in the environment and to experience oneself as worthy of love and respect" (p. 325). Benningfield, Riggs and Stephan (2015) reported a correlation between

students' sense of belonging and substance use. They commented, "Promoting school connectedness, particularly during the middle school years, can be protective in preventing early substance use" (p. 300). In order to foster connectedness on the school landscape, schools must nurture inclusivity. "Unfortunately, many of the changes necessary to satisfy students' needs for belongingness involve drastic changes in the cultural values, norms, policies, and practices that dominate schooling, particularly at the secondary level" (Osterman, 2000, p. 360). For marginalized and self-stigmatizing students, within moralizing school communities, this connectedness is even more important, as they do not feel they are worthy of love and respect.

Nurturing relationships between students. To nurture relationship between students, I turn to Paley's (1992) notion that school climates could change with one tiny rule: "You can't say you can't play." What would happen if the rule were steadfast and uncompromising? What would happen to school climates if students were not allowed to leave others out, if it became the norm to include everyone, and all students could find a place to belong? Schulz and Rubel (2011) commented, "While not all school success correlates to belonging or connectedness, schools that offer programs grounded in the building of relationships can counteract disengagement leading to alienation" (n.p.). Purposeful programming for belonging is important and it needs to begin in kindergarten. Noddings (1995) commented:

My contention is, first, that we should want more from our educational efforts than adequate academic achievement and, second, that we will not achieve even that meager success unless our children believe that they themselves are cared for and learn to care for others. (pp. 675-676)

It is imperative that schools begin essential conversations about care, and unconditional inclusion, interrupting elitist social narratives to drive social change in support of all students. In the meantime, support groups for students with substance use disorders may be as beneficial to their school connectedness and sense of belonging as the groups Jill experienced in pregnancy and parenthood.

School sports teams and extracurricular clubs. One of the surprising themes that emerged from the conversations with participant families was the perceived socio-psychological effects benchwarming or being cut from sports teams had on their boys. Jordyn had been cut from basketball, Buck from his soccer team, and Zach benchwarmed for years. When I began to look into this notion, it became apparent that there was little research about the socio-

psychological effects of these prevalent practices in sports. The Council on School Health and Committee on Substance Abuse (2007) discussed the importance of extracurricular activities for young people. They explained:

According to the National Institute on Out-of-School Time (www.niost.org), students who spend time in extracurricular activities are 49% less likely to use drugs. Without engagement in such activities, adolescents have a higher likelihood of dropping out of school, becoming pregnant, joining gangs, pursuing or increasing their use of drugs, and/or engaging in other risky behaviors. (pp. 1380-1381)

Being able to fully participate in extracurricular activities matters to young people, and their ability to participate also has health and socio-psychological repercussions.

Allen (2003) commented on the benefits of sport stating, "Sport provides participants with social opportunities such as being with friends, developing close relationships, and gaining recognition and social status" (p. 11). Although benefits of team sports to social status and connectedness are well reported (Eime, Young, Harvey, Charity & Payne, 2013; Wankel & Berger, 1990), there is little information about what happens to kids when they are marginalized as a benchwarmer or have been cut from this social group.

Michael Pilling (2003) conducted in-depth interviews with 20 high school boys in Alberta. When asked about the impact of being cut or quitting a sports team, respondents commented they struggled to find their place in their school, referring to a downgrade in "status" and a change to friend groups. Friend changes came from a variety of perceived reasons including less time spent together, but they also referenced a shift in the way their former teammates responded to them, including mockery, and being ignored. Pilling commented:

I found that many of the young men who tried but did not end up playing on sports teams not only lost some of their friends, but became almost outcasts. I have noticed that several of these young men, though they did not openly discuss it, have been victims of cruelty by those who were part of the sports teams. One of the young men confirmed my observations when he spoke about getting pushed around in the halls by the "jocks." A few others who had been on the team, did state that they felt ignored and shunned by their peers once their participation on the team ended. (p. 66)

Reading Pilling's (2003) thesis brought back many memories of my sons' involvement with sports. The perceptions and raw emotions depicted by the narratives reminded me of Zach's

sports team experiences. One particular story almost identically echoed our experiences with Zach's disillusionment with community and high school teams. Pilling related the experience of a young man who always made the school basketball team. This boy worked hard to improve his skills, but the coach did not reward his effort.

Year after year he waited for his chance, hoping that eventually he would become valuable enough to the team that the coach would let him play. However, his opportunity never did come, and he admitted that the few times he did get to play in a real game he often made mistakes because of the excitement and nervousness of finally being in a game. (p. 70)

We saw this happen to Zach many times when he would be put in, cold, to serve at a tournament after having sat for the past three games. He would take his few serves, and then be pulled again to sit out the remainder of the tournament. My heart would break after each time he would be taken off the court after his very short playtime. I could see his self-esteem plummet, but every year he would try out again, and would make the team only to sit on the bench for another season. He did this for three years.

Pilling's (2003) narrative continued with the young man's dashed hopes for full participation in his senior year. That year, his team won another medal to add to the ones he already had on his wall:

However, this time he sensed the hypocrisy of that medal. He knew that he had done nothing to earn such a reward. With tears in his eyes he described to me the day after the medal ceremonies, driving out to a lake and throwing that award as hard as he could into the middle of it. He said he was angry at the years he felt he had wasted and he questioned what value they had been to him. More than that he questioned what value he had been to the team or to anyone for that matter. He also doubted his own self-worth... One can only wonder what kind of scar this experience has left on this young man. (p. 71)

Zach's teams won many medals too, but one day, after yet another game of sitting on the bench, he angrily threw them all into the garbage, along with his previously treasured jerseys, stating through tears that he had not earned them anyway.

Buck's and Jordyn's parents believe that exclusion from sports was a significant trigger for their sons' feelings of disconnection which led to their initial substance use. Sally

commented, “The majority of his friends were school and soccer-based, so it was a really positive thing for him. But that all changed in grade seven or eight... I definitely think that [his experience with soccer] was his initial trigger” (recorded conversation).

Amanda also witnessed a drastic change in her son’s behaviour after he was cut from a sports team. She explained, “He got cut from the Grade 10 basketball team, and honestly, I don’t know why that sticks out in my head, but it seems like after that he went downhill” (recorded conversation).

School sports, particularly in high school, can become elitist in nature. Team tryouts effectively weed out undesirables, while schools celebrate and support their gladiators to the exclusion of the majority of the student population. The corridors and gymnasium walls of most high schools display the trophies and photographs of their sports teams. For Zach, having his name on the wall as a member of the senior elite team was both a major accomplishment, and a milestone. Unfortunately, in the end, his demoted status to benchwarmer turned this honour bittersweet.

Abrams (2001) discussed this common practice of benchwarming for youth. He commented:

Youth sports programs can have no benchwarmers. In survey after survey, nearly all children state unequivocally that they would rather participate and lose than warm the bench and win. This unremarkable finding means that children join youth sports programs for the same overriding reason their coaches join – to participate actively in each game, and not to sit on the sidelines as inert spectators watching others... Athletes learn by doing, not watching. (p. 269-270)

Abrams also examined the elitism of sports programs in schools:

No self-respecting educator would ever advocate a classroom curriculum that instructs only 25% or so of the most talented students and excludes everyone else... Too many school districts, however, offer competitive sports to only the most talented boys and girls while sending everyone else home or letting them participate only as spectators. (p. 252-253)

I believe Abrams made a valid point. No one questions schools’ responsibility to support all students to meet curricular expectations, however society condones elitist celebrations and funding for their school’s sports teams. Like other curricular areas, students develop skills on a

continuum in sports as well. Students may be slower to develop, but then the “lights go on” and they begin to move forward more quickly. To support only those who demonstrate superior talent leaves out the majority, who could benefit, and even surpass their peers, if they were given a chance to develop their skills through play opportunities. Many other curricular areas develop clubs and opportunities for students to expand their skill-sets beyond curricular expectations. Perhaps all students should be given an opportunity for extra support in their areas of interest.

When schools decide to embrace inclusivity, then Paley’s (1992) notion of “you can’t say you can’t play” becomes embedded in all areas supported by public education. Celebrating and idolizing team sports, and their stars, creates a social stratus in schools and draws comparisons about who is more worthy of membership and who does not really matter. Reframing these practices to focus on participation and inclusion supports school connectedness and positive school culture.

Nurturing relationships with students. Another avenue that can support students’ need to belong is building positive relationships between students and school personnel. Once again, Jill seemed to have had good support and connections with her alternative high school teachers, something that Amanda considers to have been another positive factor in Jill’s recovery. Amanda commented:

You know what, that school was part of [Jill’s] saving...it was very good for her. I think the one on one [connection], she was very close to the teachers and the counselors out there; they were very close knit, like a close-knit family. She liked being out there because she loved the animals. It just suited her character. But yeah, I think it was just more that one on one personal connection. ... You know, she didn’t stay completely clean out there, but it was more one on one, which is what she needed. (Recorded conversation)

Sally and Phil also felt this same alternative high school, the one Buck did not want to leave, supported their son through interpersonal connection between teachers and students.

Student-teacher relationships matter, especially because teachers hold power in classrooms. Schulz and Rubel (2011) discussed what happens when teachers disregard the feelings of marginalized students in their study. “Greater levels of distrust developed when teachers and other school adults engaged in forms of intentional and unintentional emotional maltreatment such as making denigrating remarks about physical or cultural attributes or labeling

as stupid or slow” (n.p.). When I think about Pierre’s repeated experiences with teachers who responded negatively when he fell asleep in class, I realize how important this relationship becomes when a student is marginalized. One teacher created a relationship with Pierre, by teasing him in a good-natured manner, while another teacher reacted to Pierre’s sleepiness in a negative manner, which led to belittling, swearing and inappropriate responses. This reactive adult behaviour built an insurmountable barrier that resulted in Pierre dropping the class.

McHugh, Horner, Colditz and Wallace (2013) identified the notion of “bridging processes” which may lead to better student-teacher relationships. They suggested students believed the most impact for building relationships with teachers came from “incidences in which the teacher undertook intentional actions so as to engage or connect with their students” (p. 31). Students did not require grand gestures. They stated, “Though these overtures may be as small as demonstrating an understanding of how the student is feeling or helping with a difficult learning task, these bids let students know that their teacher cares about them and is invested in their success as individuals. McHugh et al. (2013) also identified “barrier processes” to healthy student-teacher relationship building that included teacher inattention and stereotyping. By ignoring students or their needs, or buying into the greater community’s rhetoric and moralization about substance use disorders, teachers build walls to healthy student-teacher interaction. McHugh et al. (2013) also discussed the importance of creating “mutually constructed boundaries” that establish “shared respect and guidelines for appropriate behavior within the normative roles of teacher and student” (p.31). Students want their teachers to be their advocates and advisors. Establishing respectful boundaries can help to preserve and support healthy and transparent relationships between students and their teachers.

All students want to feel that the adults with whom they interact on a daily basis care for them. A student’s “need for care may require formal respect, informal interaction, expert advice, just a flicker of recognition, or sustained affection” (Noddings, 1997, pp. 6-7). Every child comes to school as individuals and they will not all fit easily into the school box, especially those who have struggled with marginalization, mental health, and substance use disorders. Consciously cultivating student-teacher relationships is another way for schools to address and support students’ need to belong.

Purposefully nurturing curriculum concerned with school inclusivity requires educators to balance commonplaces (Schwab, 1973) on the school landscape. Recognizing curriculum

making intrinsically interconnects with subject matter, teachers, learners and milieus, including social contexts and moralization, helps educators support all students' needs, including their need to belong. By celebrating the active participation and engagement of all students, and attending to relationship building between students as well as student-teacher connections, authentic school inclusivity may be realized.

Encouraging Teacher Vigilance and Intervention Opportunities

Although creating hospitality and welcoming spaces and fostering inclusivity in schools will support students' sense of belonging on the school landscape, those who find belonging to be challenging may need adult intervention. The story Maurice and Jeanne told about Pierre's sister demonstrates the need for school personnel to become more vigilant, engaged and responsive to marginalized students.

[Our daughter] used to sit at [this new school], on a little ledge that looked out onto the playground, and the girls would say, "We'll play with you another day." No teacher ever said [to my daughter], "How come you're not playing with the girls?" She was very introverted, so what did they do? They just figured that this was her choice. She never told me that until two weeks ago. (Jeanne, recorded conversation)

Pierre's experience mirrored his sister's and no one from the school told Jeanne and Maurice about either situation. "What I didn't know was that he was sitting in a corner in the library looking at spider books because he didn't feel like he fit in, and he never felt like he fit in" (Jeanne, recorded conversation). Pierre and his sister were already outliers in elementary school, however no one from the school contacted their parents, and no one intervened on their behalf.

Shochet et al. (2006) established the link between school connectedness and mental health. Perhaps this oversight contributed to Pierre's depression. Love (2015) commented, "Our schools are frequently viewed as a safe harbor by many kids, yet some populations face hardships at home, in school, in their peer groups and in society, making their school experiences challenging at best (n.p.). Perhaps early intervention at the school to establish a sense of belonging for these children could have prevented the serious mental health issues they experienced as young adults.

Amanda's stories about Jordyn's high school experience indicated his sharp drop of engagement in school. In Grade 9, Jordyn was participating fully in school life; he had good

marks (he was on the honour roll), and participated in school activities. However, the second semester of Grade 10 was a totally different scenario. Amanda commented:

[Jordyn] was smart... he was a scholar, very athletic and he really kind of excelled at everything... so in the second semester Grade 10 we noticed, he was starting to slip. And then in Grade 11, it always seemed like he was in trouble. (Recorded conversation)

How does a young person's life change from being engaged in school, academically and in activities, to disconnected and expelled from school? Did anyone at the school notice this change in Jordyn's behaviour? What actions could the school have taken to support Jordyn during this difficult time? Teacher vigilance and intervention is necessary, and young people, who are becoming disconnected and marginalized, do not have the luxury to wait for help.

Building vigilant and responsive schools. Over the years, I have learned to temper my passion for the students in my care; experience has taught me grace under fire. Perhaps my colleagues would disagree with my self-assessment, but I think I am pretty mellow after 30 years in the classroom. A few years ago, a colleague's comment caused that passion to rise up once again, and I am afraid I may have reacted, rather than carefully crafting my response. The discussion was about a highly intelligent student who was not doing very well in high school. An observation was made that perhaps we should track this student and use his failure as reason to begin conversations about the need for more support in high school settings. "This could be the poster child for why we need more programming in high schools."

I lost it, shocking my colleagues with my visceral response. I couldn't believe what I was hearing! We knew this student was struggling; yet we were allowing a bureaucracy to dictate support for this obviously struggling individual. I wanted to scream at the top of my lungs, "Use my kid as the poster child for the need for change in our schools! He's dead and we can't hurt him anymore. This student needs help now!" I don't remember what I said, but there was an awkward silence in the room. I made my feeling known, and I think I mentioned that I felt like throwing up. So much for grace under fire!

Later as I relived this outburst, with a bit of embarrassment, I looked inward to the possible reasons for my response. At that time, I was in the midst of revising parent participant stories and was beginning to determine the themes that seemed most prevalent and urgent. Through their words, I had visualized their children's pain and frustration, relived these parents' heartbreak and remembered how powerless I had felt to change my own child's circumstances.

What I heard from the conversation that day was that we should track this young man's failures to collect data to make things better for future students. I felt that we were letting this young man down. It is one thing to miss an issue, but how can we not respond to a child in need? How is this ethical? Why can't interventions be put into place right now? It just didn't seem right.

I thought back to Pierre, Buck, Jill and Jordan's stories as told by their parents. The schools knew these young people were at risk, but did little to make accommodations for their needs. When Zach missed school due to programming for rehabilitation, the assignments continued to pile up, with seemingly little concern for his emotional and psychological well-being when he returned.

Roadblocks to support seem to continuously outweigh positive, creative intervention plans. As educators we seem to skirt these difficult conversations and assuage our accountability by collecting more data. Is it really too late for the young man we discussed? Why should he be the poster child?

A few months later, I attended the final gathering of a two-year leadership seminar, hosted by my school division. The keynote for this session was based on the book, *Crucial Conversations* (Patterson, Grenny, McMillan, & Switzler, 2012). The discussion focused on the more difficult conversations leaders must be prepared to have when dealing with other adults, such as parents and staff. I listened carefully to our facilitator and my colleagues as they discussed possible scenarios: the staff member who fakes an illness, a parent who is upset about a teacher's word choice in the classroom, or a caretaker who is doing a substandard job. Although these scenarios seemed to be important in the day-to-day experiences of a school community, crucial conversations to me were about shifting biases and stigmas to respond to each child's needs. A crucial conversation for me is a discussion about care and finding ways for all students to find peace and success in our buildings.

According to Benningfield, Riggs and Stephan (2015):

Early interventions with adolescents who have begun using [alcohol and other drugs], but have not developed clinical symptoms, can stall the progression of use and may prevent [substance use disorders (SUD)]. In youth who meet criteria for SUD, individual cognitive-behavioral treatment that integrates assessment and treatment of other co-

occurring mental health problems is a proven strategy that holds promise for delivery in school settings. (p. 300)

This finding exemplifies the necessity for programming and targeted interventions in our schools.

High schools are places where teens congregate. We know there are students in our schools who are suffering from mental health and substance use disorders, and we know the associated stigma marginalizes them, shutting them off from opportunities to connect in healthy ways. These are students who need help and early intervention may change the progression of substance use disorders in our youth. It is not enough for educators to be engaged and vigilant to recognize belonging issues. Early intervention requires systemic support and funding, and it is the responsibility of school divisions to be willing and prepared to respond with interventions to support students' need to belong. For the parents in this inquiry, finding effective and timely interventions to help their children was extremely difficult. Considering high schools are places where young people gather, and the impact of marginalization and mental health and substance use disorders on students, it is time for school divisions to respond to these important needs.

Reducing Stigma in Schools

Reducing stigma associated with substance use disorders is a complicated issue. "The relationship between stigma and substance use disorders can manifest differently from that of other stigmatized health conditions, thereby complicating efforts to build social acceptance of people with substance use disorders" (Livingston, Milne, Fang & Amari, 2012, p. 40). To respond to this complexity, Link and Phelan (2001) recommended:

In considering a multifaceted multilevel response to stigma, one should choose interventions that either produce fundamental changes in attitudes and beliefs or change the power relations that underlie the ability of dominant groups to act on their attitudes and beliefs. (p. 381)

Stigma reduction on the school landscape means challenging societal and systemic moralizations and beliefs about substance use disorders and focusing on the health conditions and needs of devalued and struggling students. Responding to this issue from a critical health perspective may change the way students with substance use disorders are welcomed, included and supported in school communities to foster better climates for recovery.

Zero tolerance practices. For the families involved in this study, zero tolerance practices and policies played out for their children in both schools and in health care facilities. According to McNamara Horvat and Baugh (2015), although zero tolerance policies and practices placate reactive populations fearing negative influences and safety for their children, they are actually unsuccessful in this regard. They explained:

Starting in the late 1980s as a reaction to the drug epidemic — and increasing in popularity following the Columbine massacre of 1999 — school districts began adopting inflexible policies that mandated specific sanctions for student misbehavior. While zero-tolerance policies have been found to be largely ineffective at curbing school violence and misbehavior, they're still widely implemented in districts across the country. (p. 12)

If zero tolerance practices, originally created to “weed out” undesirables from the school community, are ineffective, then why have administrators continued to exclude young people from their home school communities? Why are they forcing these already marginalized and struggling students to disconnect even more?

Phil and Sally see these practices as an opportunity to shift responsibility to another school community. Phil commented:

[Buck] was pretty much summarily, hung, drawn, quartered and expelled, without any real due cause or any assistance or any kind of program or anything. That was it! Zero tolerance... It was just a disaster, the whole thing! They have no way of coping, so their idea of coping is to kick the kids out and make it somebody else's problem. (Recorded conversation)

Phil further explained the school's response when he questioned their policy:

They said they had a zero tolerance, so I said to the teacher afterwards, when Buck wasn't in the room, “So this is the way it works is it? You're just going to boot him off to another school and put the problem there?” [The teacher replied,] “Oh well, you know, we have to share, with zero tolerance with all.” I thought, “Well, that's not really going to help the school that you just booted him to... with no program and no counseling.” [The teacher said,] “Well yes, they'll have a program there.” I asked, “Why couldn't they just have a program here?” The teacher said, “Well, because then everyone will know he's into drugs.” Well, everyone's going to know he's in it at that new school, as well! (Phil recorded conversation)

Phil and Sally believe that the school's choice to compel Buck to move to another school did not assist their son's recovery. They felt it was more important for Buck to remain connected in his familiar school environment than the unlikely anonymity the school referenced. They were frustrated with the lack of intervention opportunities in their son's high school community and believed that moving to a different school would be counterproductive.

Amanda also questioned the zero tolerance practices encountered with her son, Jordyn. Although Jordyn's situation occurred in a health care facility, her sentiments clearly illustrate parents' and students' resolved acceptance of this exclusionary practice, as well as their intrinsic understanding that blanket solutions will not work for everyone. Amanda commented:

They said, "We have to follow protocol, we have to follow policy... And the next day [Jordyn] begged and pleaded with them, "Please, just let me stay." Nope. And he said, "I understand." I understand there are policies, I understand they've got to follow the rules, but everybody is different, it isn't a cookie cutter. (Recorded conversation)

Exclusionary approaches like these seem to dismiss students' needs in favour of the institution's desire to shift or ignore responsibility. In Pierre's situation, he was shuffled between four schools in one week because no one was prepared or willing to take on his unique needs. How can this practice be ethical? The notion of zero tolerance pushes marginalized and at-risk children in school communities away, rather than holding them close and finding them help.

Skiba (2014) commented, "We can no longer afford simply to throw away those who transgress in our schools, especially when such exclusions continue to disproportionately impact those who have been marginalized throughout our history" (p.32). Recognizing substance use disorders as a critical health issue may help administrators and policy makers to challenge current practices to create less exclusionary approaches to maintaining safety and support for all students. Building inclusive school communities means re-imagining solutions for students who suffer from mental health and substance use disorders within their home schools and with consideration to individual's unique needs.

Awareness and education. According to Griffiths, Carron-Arthur, Parsons and Reid (2014), education is the best way to reduce stigma toward people with mental illness. They concluded, "Educational interventions alone or when combined with other interventions were consistently associated with a reduction in personal stigma for different types of mental disorders" (p. 171). Unfortunately, there is little information about reducing stigma for

substance use disorders at this time. Although mental health and substance use disorders tend to be linked and educationally integrated, Barry, McGinty, Pescosolido and Goldman (2014) suggested the public's underlying beliefs and attitudes might complicate de-stigmatization of substance use disorders. They commented:

One approach to stigma-reduction holds promise. Research on HIV supports the notion that increasing public recognition about treatability can reduce stigma and discrimination toward those affected. It would be worthwhile to better understand how portrayal of addiction as treatable might lower stigma among a general public who has grown accustomed to seeing media portrayals of untreated individuals with mental illness or drug addiction as disheveled, often homeless and potentially dangerous. (p. 1271-1272)

Building awareness of mental health and substance use disorders is critical for educators on the school landscape. A 2008 study by Bahora, Hanafi, Chien and Compton determined that police officers that were trained for crisis intervention teams with regard to individuals with mental health and substance use issues reduced social distance and improved self-efficacy. If training about mental health and substance use disorders can improve police responses to the needs of at-risk citizens, it follows that educators would benefit as well. I would argue that all educators intervene critically in young adults' lives on a regular basis. Every decision we make affects the students in our care, and the information and understandings we hold influences how we respond. Clandinin and Connelly (1995) posited teacher knowledge is steeped in moralization. They commented:

The professional knowledge landscape is a moral one. Material enters the landscape from the conduit with a moral orientation. Nothing enters the landscape value-neutral; nothing is there for interest's sake to be discussed and understood as such. Everything comes with a moral push with which teachers are expected to do something. (p. 7)

As I have mentioned before, present social climates do not support recovery for people with substance use disorders. Through education, teachers can reframe responses to impacted young people in our schools, and provide a new lens for society to address this health issue.

As I mentioned earlier, de-stigmatizing substance use disorders can be a complex issue, especially on the school landscape. Because substance misuse is not an activity we want our youth to regard as an acceptable practice, careful consideration must be given to the content and implementation of educational programming surrounding this issue. Further research is

necessary for programming for students and youth in this curricular area. However, focusing on substance use disorders as a health issue opens the door to conversations about support, intervention and care. Re-imagining the way schools approach the topic of drug use, focusing on critical health concerns rather than reinforcing society's moralizing rhetoric, offers opportunities for de-stigmatization of affected students.

Musings and Concluding Thoughts

As young people navigate the complicated networks of their many communities, and begin to construct their adult identities, stigmatization due to drug use affects their relationships, their choices for community, the counterstories they accept, and their self-esteem. It is imperative for schools to change underlying beliefs and assumptions about substance use disorders in order to respond to affected students in their school communities. Building inclusive school climates involves purposefully nurturing relationships among all school community members. Creating welcoming, hospitable schools that are vigilant and responsive to marginalized students is important to students' success and recovery. Rethinking zero tolerance, promoting staff and student education to change perceptions about mental health disorders and recognizing that every student has different needs is a good beginning.

It is important, however, to remember that stigma of substance use disorders, also affects the parents and families of these students. Within the landscape of school, the need to belong, and the moralization purported by broader communities create implications for parents as well. The next two chapters will explore parent communities, parent-teacher relationships and their implications for school communities.

Chapter 9

Communities for Parents

*There are places I remember
All my life though some have changed
Some forever not for better
Some have gone and some remain.*

*All these places have their moments
With lovers and friends, I still can recall
Some are dead and some are living
In my life I've loved them all.*

(From “In My Life,” Lennon & McCartney, 1965)

Parenting is far from easy. “From the day children are born, they become a source of joy and a source of burden for their parents. Men and women becoming parents take on a profound status for the rest of their lives” (Nomaguchi & Milkie, 2003, p. 372). Children can definitively be a source of joy. From that first smile bestowed upon us, to the nervous excitement of a ball game or music concert, our children add to the quality of our lives and help us create treasured memories. However, as parents come together in community, some of the challenges of parenting are revealed in their conversations. Stories of tripping over shoes and toys, finding cultures of bacteria growing in discarded bowls under beds, and discovering, years later, stories about death-defying stunts that were secretly performed are some of the parental narratives shared in frustration and laughter. Although I still live and work in the urban found community of my birth, most of my friends and communities of choice (Friedman, 1989) are no longer the people with whom I associated as a child, adolescent, or even as a young adult, they are people with whom I have found connections through my various adult interests, including parenting. This chapter continues to explore the concepts of found and chosen communities, belonging, and the underlying stigmatization that affects people with a substance use disorder and their families – this time examining parental experiences, as they unfolded for the participants in this inquiry.

Parenthood Connections and Support

Parenthood created a whole new set of challenges, and my husband and I sought out people from the found community (Friedman, 1989) of parents who could help us to construct our parental narratives. Parents need the opportunity for “storytelling with diverse responses that leads to restorying with growth and change” (Whelan et al., 2001, p. 154). It is from the broader, found community of parents that my husband and I have chosen our closest friends and confidants.

As I detailed in the previous chapter, the nature of found and chosen communities can be quite complex. As we move through the different times of our lives, people from past found communities such as family or workplace, can move in and out of newly discovered found communities. For example, siblings can attend the same school, parents can become colleagues in our workplaces, colleagues can become schoolmates in graduate studies classes, and many of these individuals become part of the found community of parents. Recognizing the profound change and responsibility children bring to our lives, parents often reach out to others who are at a similar point in their lives to share stories and look for answers to parenting puzzles. My husband often teases me about my ability to talk to strangers about their families. Cultural and even language differences do not seem to matter, as parents are able to relate through this universally important job. These conversations do not necessarily solve any major issues, but we can enjoy a moment of connection through our parental experiences, and we are comforted by the realization that, as a found community, we share in our quest to raise happy and healthy children.

According to Edwards & Gillies (2004), [f]amily, followed by friends, are (still) regarded as the people to turn to for most childrearing issues, with ‘experts’ only providing practical help and advice about long institutionalised areas of children’s lives (p. 627). When we consider the found family community, in our positioning as parents, we are now expanding membership to the family of our child, which for me, now included my husband’s family. Differently, when it comes to our friends, there are many possible relational opportunities among parents who reside in our multiple communities. Over the course of a few weeks, I have conversed with a number of people whom I consider part of my chosen community of parents. Among these people are family members, colleagues, and people I met because we crossed paths, years ago, in my children’s school communities. Although we have many things in common and we enjoy each

other's company, invariably our conversations will turn to our children and the joys and concerns we share.

As I discussed my research with a friend, we reminisced about how we had met. When my children joined me in the school community where I worked, my oldest son was in Grade 2. Like many parents, my husband would often pick up the children after school or at lunchtime and, while he was waiting for the bell to ring, he would strike up conversations with other parents. It was through his conversations with another father that our families connected and these parents became a part of our chosen community. According to Verbrugge (1977), adult friendships are chosen through the people we meet in our daily lives. She commented:

The most plausible principles for meeting are status-homogeneity and special proximity. Strangers with similar roles and beliefs are more likely to be in the same place at the same time, than those with different roles and beliefs. Also, people whose daily rounds intersect are more likely to become acquaintances than others. (p. 577)

Because my husband and the other father met frequently through their daily rounds, they had an opportunity to get to know one another. However, these two men also shared commonalities in their jobs and philosophies, and our children had also become friends. "Children may give adults opportunities to interact with other people, including relatives, neighbors, friends, and those in community institutions such as schools and religious organizations" (Nomaguchi & Milkie, 2003, p. 357). Eventually my husband and I included this family in our chosen network of friends. Because of our children's school lives and the activities in which our children have chosen to participate, we have met and befriended many people whom we would likely not have met if we had not become parents.

It is from this broader group of people, who share in the struggles and joys of parenting, that my husband and I have chosen our most cherished friends, confidants and advisors. Like my husband and me, Amanda connected with other parents mainly through her children's extracurricular activities. "That's who we hung out with, the hockey parents and the dance moms" (recorded conversation, Amanda). Similarly, the other participant partners also related to parents from their children's activities and school. Within these chosen parent communities, we tell and retell our parenting narratives.

Counterstories and Moralizations of Parent Communities

The stories and counterstories (Friedman, 1989; Nelson, 1995) parents share and analyze offer opportunities to explore parenting practices and ways to approach new issues in our rapidly changing world. Parents discuss many things, including nutritious bagged lunches, how to get rid of lice, and possible courses of action to deal with the bullies in our children's classrooms. Because each parent brings to the discussion knowledge from their past experiences and their professions, we are able to reimagine the narratives collectively, and grow in our parental responses.

Told in dialogue with others, as a group voice, a counterstory may even spur a group to action (Nelson, 1995). Occasionally, parents as a group can affect change in the greater found communities to which they belong. We see this in the social/political activism of groups such as Mothers Against Drunk Drivers (*M.A.D.D.*) or the power of a parent council on the school landscape. Additionally, there are many parent support groups available that offer resources, encouragement, and advice for particular parenting challenges, such as the *Childhood Cancer Canada Foundation* and *Canadian Equal Parenting* groups.

Found and chosen communities of parents have one thing in common: the parenting role. As various broader found communities meet, invariably parents find one another and conversations turn to this very important role. However, the moralization and expectations of this broad group of parents can be quite intense. Bernstein and Triger (2010) discussed the expectations of parents in today's society. "[S]ociety expects the dominant contemporary parent to be cultivating, knowledgeable, and monitoring in order to be considered a good-enough parent" (p.1278). Inside the moral space of the broader community of parents, standards are set and discussions ensue about the criteria of a "good-enough parent." As parents struggle to measure up and establish an identity within the found parent community, chosen communities offer insight and knowledge to help parents find their distinctive parenting style.

Sharing stories of parenting challenges happens all the time in my found and chosen communities of parents. Recently, I lamented with a school secretary, that I barely know, about crumbs left on the counter and abandoned shoes in the doorway of our homes. We laughed and discussed how this mess might have been connected to our parenting, as if we were somehow responsible for our adult children's actions. As parents, we tend to take responsibility for our children's actions, and unfortunately, within the broader parent community, we can be held

accountable as well. According to Shirani, Henwood and Coltart (2012), “parents are increasingly held responsible for risk management and life planning, as ‘bad parenting’ is thought to lead to numerous social ills; ranging from poor educational and developmental outcomes to criminality (Hoffman, 2010)” (p. 26). As I explained in the previous chapter, the stigma associated with drug use is widespread. If people are branded as “bad parents” if their children falter on the good child path, then sharing the parenting challenges that come with substance use disorders becomes a huge risk.

As with adolescents, many parents choose to access more anonymous Internet communities to assist them in their parenting role. Bernstein and Triger (2010) explained:

Parents have always consulted external sources, whether books, relatives, or friends on child rearing; yet, as the Internet became popular, parents gained access to vast amounts of parenting information. Furthermore, this information is now available at all times and in an interactive form, through discussion forums. Hence, today, parents routinely take advantage of the Internet to research child rearing information to ensure their children’s health and well-being. (p. 1240)

All of the families in this inquiry used the Internet for information, searching for answers to their many questions. We learned about apple bongs, why things from our kitchen might be missing and alternate uses for fabric softener sheets. We also used the Internet to access information about treatment options and to learn about drug addiction.

Like children, parents can become the outsiders of the broader found community. As children grow and do not meet the moral expectations of various found communities including school, church, and other communities of origin, parents can also be held accountable. I have heard the comments, directed at parents when a child does not fit socially, has difficulty sitting still, or does not complete their homework. “I wonder what is happening in that house?” or “Don’t those parents care?” Amanda commented about the moralization of parents in her communities about families of youth with substance use disorders:

It’s the whole persona of all those kids...what did their parents do? You know what, twenty years ago, I probably said the same damned thing, too. “Look at those kids! Where were their parents? What kind of upbringing have they got?” I felt judged ... and I judged. I judged that kid’s parents. I wouldn’t even know them, and I probably did say

that sometimes. I still hide from it... because I know other people will judge me.

(Recorded conversation)

Judgmental comments grounded in stigma implicate parents and parenting, presumed to be substandard, as a reason for a child's inability to measure up to the broader found community standards for suitable children – judgments that are hard for parents to face.

Taking a Risk and Reaching Out

When I discovered Zachary had begun to experiment with illegal substances, I was horrified. I felt guilty and ashamed for not being a “good-enough” parent. Although we had discussed the risks of using substances with our children and were not permissive parents, I still felt inadequate due to my son's substance use disorder. I find it interesting that Sally and Phil also commented on the boundaries they had established for their son and their feelings of discomfort with behaviours other parents allowed in their homes. Because of these feelings, the influences of stigmatization of drug use, and the perception that I would be found wanting by the broader parent and school communities, I did not even discuss my Zach's substance use disorder with my chosen community of friends until it became apparent that we could not find help in the more anonymous communities of the Internet or our healthcare system. However, when I finally made the decision to reach out for assistance, my carefully chosen friends were more supportive than I thought they would be.

Reaching out to other parents was difficult for the parent participants of this inquiry as well, and the responses they received were both supportive and judgmental. Jeanne reminisced about choosing to speak with a parent she thought would be receptive to her confidential disclosure. “I just needed to talk to somebody, and she turned around and she told her son everything” (recorded conversation). Later, Jeanne found support with a colleague who was going through similar parental challenges with her own child. She explained:

A lot of the things that were going on with Pierre had also happened with [my friend] and her son, and he was still going through all this kind of crazy stuff. So, we ended up connecting for a few years. It was when some of the worst of it had already happened, but it was still ongoing... It hasn't ended yet, so I was lucky I found someone. (Recorded conversation)

Jeanne's husband, Maurice, did not speak with anyone about his parental concerns. He commented, "I didn't think that there were any other people that were in the same situation" (recorded conversation).

At first, Amanda also hid her parenting issues from other parents in her community. She commented:

You know what? I started to pull myself away... You're embarrassed and you're hiding. It's that hiding thing. Especially with Jordyn, being the first. I tried to hide from it, big time. Nobody knew. I was trying to deal with it on my own. (Recorded conversation)

Amanda eventually connected with a friend, who is also an addiction's counselor. She felt this opportunity to discuss her parenting concerns was very helpful to her emotional well-being. She commented:

You see, I have never been involved [with drugs], neither had Trevor, so we didn't know how to deal with it. My friend had the user's experience and the counselor's experience. She was my confidante. I talked a lot to her mom as well, how they dealt... "How, as a mom, do you do it?" (Recorded conversation)

Later, when Amanda discovered her daughter's drug use, she had a slightly different perspective about sharing her experiences. "I definitely have opened up more, but I still keep it inside a lot too, because I know other people will judge me" (recorded conversation).

Sally and Phil have also felt alone and isolated in their search for answers to help their child. Sally explained:

I'm this frigging basket case, walking around, because I'm grieving for this child who's not even gone, he's just... How do you explain that to people? ... It's kind of nice just to talk to somebody who actually gets it! Nobody gets it. (Recorded conversation)

The parent community of Buck's soccer team actively participated in the moralization and judgement feared by the parents in this inquiry. "When Buck was using and some of the parents found out, we were black flagged all together. Nobody would talk to us" (Sally, recorded conversation). The stigma of drug use affected Buck's family. Buck was labeled, the parents were branded and the whole family became outcasts. Instead of offering support, comfort and a safe place, Sally and Phil became dislocated from the community to deal with their parenting concerns in isolation.

Reaching out to others in the parent community is a huge risk for parents navigating their child's substance use. Knowing the judgments that occur within the broader parent community surrounding this issue hindered the decisions of all of the parent participants to confide in others. Personal feelings of shame, embarrassment, and self-doubt about parenting choices were barriers to reaching out to others.

Self-stigmatization in Parents

It was not until Zach's death that I realized there are many other parents who are facing the same parental issues as we had been – children at risk, marginal institutional support from schools or healthcare providers, and limited actionable information. Due to the stigma attached to drug use and the legal issues involved, parents, like the parents in this inquiry, were reluctant to find a chosen community to create a counterstory to affect change.

When parents find out about the abuse problem, the stigma of society makes them feel guilty and somehow negligent. Both illness and family dysfunction explode. When that happens, parents find it even harder to fight for the care and resources their child urgently needs from a social and medical system that blames the family and the child.

(Rosenbloom, 2007, p. 183)

This feeling of responsibility and guilt was expressed by all of the participants. Jeanne commented, “[T]here is this little tiny bit of shame that you’ve got this kid that’s involved with drugs, and he’s got all this depression stuff... So, there’s the shame and the feeling that no one’s going to understand” (recorded conversation).

Unfortunately, like those who use drugs, self-stigmatization also occurs with parents. I felt, and often still feel a lot of responsibility for Zach's drug use and resulting death. I am constantly second-guessing my actions and wondering what I did wrong. What could I have done differently? What were my biggest mistakes? Amanda also spoke about her feelings and how she responded:

You know what? ... You're embarrassed and you're hiding. It's that hiding thing.

Especially with Jordyn, being the first. I tried to hide from it, big time. Nobody knew. I was trying to deal with it on my own. (Recoded conversation)

My research has brought me across numerous blogs of parents whose children suffer from substance use disorders. The following is just one of the many similar sentiments expressed by grieving parents, like those in this inquiry:

Parents, believe me when I tell you that the roller coaster ride is unbelievable, the pain you endure is unimaginable. Yet the world expects you to go on like nothing has happened. Families are destroyed, and those who have no clue about the devastation of this disease are always quick to put you down or blame you. (Larsen- Dobbs, 2009, n.p.) Blame and shame, from both external and internal sources – two very familiar sentiments I have experienced in my life as a parent. I wonder what schools could do to support parents who have joined their children in this stigmatizing cage.

Finding Some Support

Considering the social stigma attached to drug use, and the “bad parent” designation associated with their child’s challenge, perhaps this is why the parents in this inquiry seemed to find positive support when they engaged with parents who shared similar experiences. Sally and Phil described how they benefited from a parent session hosted by Addiction Services. In her letter to the Minister of Health, Sally wrote:

My husband and I did attend one parental group session through Addiction Services that I do think would have been a good outlet and good information sharing, but again, it was a one-time only group, which was somewhat disappointing. (Letter, January 31, 2013)

Sally and Phil briefly experienced a connection with other parents in their community who were also dealing with their children’s substance use disorders and appreciated the information, and the opportunity to share their experiences with others who understood their parenting puzzle. Similarly, Jeanne and Maurice felt they benefited from the 12-week parents program they were able to access – a more generalized program for parenting challenging young people, not specific to substance use disorders.

As I mentioned earlier, parents can benefit from the experiences and ideas of other parents. They learn about all kinds of opportunities, from accessing extra curricular activities to best places to find and trade second hand sporting goods. Parents support one another as well, by car-pooling, babysitting and even hosting wedding showers for friend’s children who have grown. Parents rely on one another for many things, including advice. People who have experienced the challenges of raising children with substance use disorders have much to offer, even if they may not have answers. Amanda commented:

One girlfriend, she's got younger kids, and she's watched me go through the last 8 years. She has said, "Oh you're going to know so much when I need your help."... I didn't have anybody to go to. (Recorded conversation)

Amanda's friend recognized that Amanda holds knowledge that may help her with her parenting challenges. Unfortunately, this parent knowledge has been difficult to access, for many people, like the parent participants – parents who have little experience with drugs, who bear the shame and stigma of the broader community, and have nowhere to turn.

Realities for Parents of Children with Substance Use Disorders

When I read Kimberly Dion's (2014) case study about the grief experienced by the mother of a child with a substance use disorder, I was overwhelmed with new and remembered emotion. Her findings strongly resonated for me, in terms of my personal experiences, and echoed the conversations I had with the parent participants of this inquiry. Five separate themes emerged from her conversations with one selected parent participant: stigma, regret, disrupted lives, loss of support, and loss of quality of life.

Dion related the story of Maria, the mother of an adult child who began using drugs at the age of 15 years. Like all of the parents in this inquiry, Maria spoke of regrets and how she had second-guessed everything she had done as a mother. Maria also spoke about the stigma of not only general society, but also by friends and family. Like Amanda, she hid too, remaining silent about her daughter's life or what she was going through. Maria's story painted a picture of the disruptions we had all faced, the strain on relationships, the worry, the emotional ups and downs, and the numerous roles we were required to juggle – caregiver, advocate, security guard, and detective, to only name a few. The case study also highlighted Maria's difficult search for support in the community. She, too, had tried to access counselors, and anything else offered in her community, that could possibly assist her. She eventually found a parent group, and commented, "It was like a miracle, and I finally stopped suffering on my own" (Dion, 2014, p. 400). Maria's story mirrored the lived experiences of the parents in this inquiry. What resonated with me the most about this article was Dion's discussion about the grief and chronic sorrow parents experience when their child suffers from a substance use disorder. Dion explained:

Maria expressed feelings of grief and sorrow that were evident in her behaviors and appearance at the first meeting. Her daughter's cyclic behavior patterns caused Maria to

experience episodes of hopelessness. Recognizing the chance of recovery decreased with each relapse only complicated Maria's grief experience. (p. 400)

This article brought back the emotions I had experienced when I first met with Amanda, remembered emotions described in Maria's story, as well as guilt for the relief I felt because I do not have to continue on the rollercoaster of possibility and grief for a child. I no longer have to experience "a hundred little, a thousand little deaths" (p. 397); the deaths of each little hope and dream. I sat at my computer and wept for those hopes and dreams that would be never be realized for Zach, but I also shed tears for my participant families and for all families hiding from the stigma of society with nowhere to turn.

Knowing the stigma associated with drug use, parents, like us, build walls around our lives, hoping to hide and protect our children and family from the moralization of the community. Unfortunately, none of us can hide from the deeply seeded stigma within ourselves. Perhaps as this narrative becomes more commonplace, parents will discover better avenues to find each other to reimagine this parenting challenge. School communities are well-situated to take on this challenge, to create environments conducive to safe and supportive parent connections.

Parents in School Communities

Most people in North America have attended schools in their lifetime, and when they enter schools as parents they may already have beliefs about school from their experiences. Some people have had enriching and exciting school experiences and, as a result, expect their children will also have similar school lives. However, according to Henderson, Mapp, Johnson and Davies (2007), "Many families see schools as powerful forbidding institutions" (p. 39). These perceptions follow parents into school halls, as they introduce their children to their first classroom teachers, and begin their memberships in the parent communities of their children's schools.

Some of the participants' comments in our conversations reflected these parental perceptions of the institutional power of schools. When Sally and Phil met the principal of the new high school after Buck had been invited to leave they accepted and felt the principal's negative behaviour described by Phil as, "a bit of a cringe," was justified and somewhat acceptable. Sally commented, "You can see it from their point of view" (recorded conversation).

Later, when Buck was forced to leave the alternative high school that was actually meeting his needs, they once again said they understood. Phil commented, “It wasn’t their choice; they were just running the system! But it’s a terrible system...” (recorded conversation).

Amanda also saw her sons’ school as an institutional power, expecting her to ‘fix’ her children’s classroom behaviour with medication. “The whole ADD thing is a huge epidemic at that age bracket. I think it had a lot to do with diagnosing the kids, or the school pre-diagnosing kids. It was like they were thinking, ‘Okay, this kid has got challenges, so you’d better take him to the doctor’...” (Amanda, recorded conversation).

Maurice and Jeanne’s view of the institutional power of schools mirrors Phil and Sally’s acceptance of a system that doesn’t work. They wrote:

Our education system... protects those who are incompetent and rewards them for just sticking around, creating a system where good educators and bad are paid the same, without regard for their ability to inspire their charges. This is a system that does not reward great achievement or inspire educators to deliver anything better than the status quo. (Personal email, July 27, 2016)

Although, these are the perceptions of only three families, there must be many more families, in our city alone, who are also intimidated and wary of our institutionally powerful schools. Parents, both new to schools and veterans of the school-parent connection, carry perceptions of schools as institutions, which may shape their engagement and interactions in school communities (Hornby & Rafaele, 2011; Hoover-Dempsey & Sandler, 1997).

Although parents’ perceptions of schools as institutions play out in their responses in classrooms and schools, their instinctive parental responses are also reflected in home/school connections. When I think of the strength of parental instincts, I am reminded of an experience I had as a child, when my family embarked on a camping holiday in the Canadian Rocky Mountains. That day, when my family entered the Jasper campground in our station wagon, loaded with coolers, sleeping bags, and vibrating children, the young conservation officer at the gate cautioned us to be aware that bears had been seen in the area. As we set up camp, my parents sent my younger brother and I to collect firewood and water, with a quick reminder about how to stay safe if we encountered a bear. My parents cautioned, “There is nothing more hazardous than getting between a mother bear and her cubs.” We did encounter a bear that day, and she was very scary, especially when we realized that her cubs were in the tree behind us. It

was a truly memorable lesson about the protective nature of parents. Over the years, I have used this child-preserving wisdom about “momma bears” in school staff rooms to defend and express my admiration for a parent who advocates ferociously for their child.

Sara Lawrence-Lightfoot (2003) discussed this parental phenomenon in the introduction to her book, *The Essential Conversation*. She wrote:

To parents, their child is the most important person in their lives, the one who arouses their deepest passions and greatest vulnerabilities, the one who inspires their fiercest advocacy and protection. And it is teachers – society’s professional adults – who are the primary people with whom the parents must seek alliance and support in the crucial work of child rearing. They must quickly learn to release their child and trust that he or she will be well cared for by a perfect stranger whose role as teacher gives her access to the most intimate territory, the deepest emotional places. (p. xxi)

In my first years of teaching, a parent told me that she nervously met each new teacher in her daughter’s life. She explained to me, a young teacher with no children of my own, how much she worried every year about the people who would influence her daughter for most of her day for one school year – people who had the power to make her daughter’s, and consequently their family’s, life better or more difficult. I thought about this parent’s words many times within my teaching role, but did not fully understand her trepidations until I became a parent.

Jeanne, who also works in schools, echoed these feelings expressed by my student’s mother so many years ago. She related her story about Pierre’s first days of school in Grade 7:

Pierre came home the first week of school and he said, “Mom, [my teacher] just gets it!” You know, you’re just so happy that you have someone; that your kid’s in the hands of someone like that. (Recorded conversation)

Schools can be unsettling for parents, even for someone like Jeanne and me, who work in schools. “The reality is that educators and parents have many beliefs, attitudes and fears about each other that hinder their coming together to promote children’s education” (Henderson et al., 2007, p. 27).

Sarah Lawrence-Lightfoot (2003) also referred to “ghosts in the classroom” that parents and teachers may experience when they meet. She commented:

Every time parents and teachers encounter one another in the classroom, their conversations are shaped by their own autobiographical stories, and by the broader

cultural and historical narratives that inform their identities, their values, and their sense of place in the world. (p. 3)

I have referred to these “ghosts” many times since I first read Lawrence-Lightfoot’s work. Every time a parent speaks about their experiences as a student, or how their peers once treated them, I think about the “ghosts.” When I thought about the “ghosts” in the parent participants’ narratives, I recalled Amanda and Sally’s experiences as teen moms, Maurice’s childhood experiences as a bullied minority, and Phil’s different perspectives about Canadian schools. When I dug a little deeper, I saw my “ghosts” echoed by Jeanne, who also works in schools, when she commented she did not want to be, “that parent.” Finally, I began to wonder about the “broader cultural” narratives that shape conversations between parents and teachers (Lawrence Lightfoot, 2003). I wonder how the “ghosts” of our found community’s perceptions of “good” and “bad” parents, and the stigma of substance use disorder, affect the way teachers and parents relate. How do parents feel about the home/school connection?

Education Versus Schooling

Parents bring to schools their histories, values, and perceptions about school, their hopes and dreams for their children and a ferocious passion to protect and advocate for their “cubs.” We have seen this passion at play on a much larger scale in the past few years, as politics have become a spectator sport for many North Americans. The 2015-16 Canadian elections were rife with differing viewpoints about environmental regulation, immigration and legalizing marijuana. Now, as Americans begin to weigh their leadership options on the world’s stage, news and popular media bring forward the concerns of their country. The needs of individual families seem to be at the heart of many interconnected social challenges including culture, religion, immigration, safety and the economy – very similar to the issues Canadians problematized less than one year ago. From my armchair perspective, conversations in the media and around dinner tables seem to reverberate around fundamental philosophical differences such as “me versus we,” “unity versus division,” and the importance of “trust.” No one disputes the readiness of one candidate over the other, yet this essential and basic element of trust is a significant stumbling block for voters.

Similar themes to those we see in the political arena seem to be in play out when I think about the concerns of families in our schools. Every family wants their schools to help them attain their hopes and dreams for their children. Families in our school communities come from

varying cultural, religious and social experiences, yet they all want support to actualize the growth of healthy, happy, successful children. How schools and educators see their place in each family and child's life may affect the home/school connection.

How do schools serve their families? How do school communities and their leaders build trust? Do teachers work with parents to create the best learning experiences for every child, or do schools protect their turf? How do school communities improve the lives of their families? Parents are the primary educators of children (Gutmann and Ben-Porath, 1987; David, 2004) and schools and teachers may need to be reminded that it is their role to assist parents in this important work. Jeanne and/or Maurice addressed this notion in an email:

The biggest issue I have with the system is the lack of recognition that the role of the educator is to inspire the thirst for knowledge. The subject matter they are teaching is but a speck in the overall education of a child, and in the larger scheme, really insignificant in that student's academic and overall life after elementary and high school. (Personal email, July 27, 2016)

When I think about the overwhelming number of assignments Zach had to complete immediately following his 28 days in drug rehabilitation, and the amount of pressure the teachers put upon our son, who was desperately trying to regain a healthy place in the world, I can see the validity of Jeanne and Maurices' argument. Surely there was a better way for the school to support our family – a better way to accommodate Zach's needs and still allow him to prove his curricular understanding. That "speck" in Zach's overall education became a stumbling block to his recovery. I think I would characterize this as a "me versus we" moment. The teachers and school insisted that all assignments were necessary to complete the curricular outcomes, yet as an educator, I knew it was their choice. Besides, Zach was a brilliant student. Amalgamating assignments or even having a conversation to assess his level of understanding could have sufficed. "We" certainly did not choose this course of action together; this was a school "me" decision, favouring school or teachers' assignment checklists, not Zach's well-being.

Pushor (2013) differentiated between the education and schooling of our children. She posited 'education' is the guidance and support parents and caregivers provide for their children throughout their lifetimes, while 'schooling' is the more formalized, mandated learning we associate with a building or institution. Education is a lifelong pursuit, and many parents continue to be a part of their children's learning, offering their experiences and wisdom, for as

long as they are alive. My children learned from my husband and me many things, including how to use a cup, ride a bike, and walk a dog. As adults, we have guided them through bank loan applications and international travel. Schooling, however, is a more formalized pursuit of knowledge that lasts for only a short time in most children's lives. Schooling happens from pre-school to high school, and later in trade schools or more academic institutions. Parents remain the constant in children's education, but many different teachers move in and out of our children's schooling for a year or two, or a semester. Pushor (2013) commented about the schools' role in a child's overall education:

As teachers who work in schools, we have the privilege of supporting parents in this life-long task of educating their child from birth to forever. It is important to recognize that our provision of formal schooling is just one piece of their child's education. (p. 8)

In a climate where formal schooling determines employment opportunities, and test scores determine success, teachers may easily be led to believe their curricular outcomes and assignments are of paramount importance. Pushor's (2013) view of schooling allows teachers to share responsibility for this vital part of every child's educational life. She explained:

Our role as teachers, in this view of schooling as a support to a child's education, becomes one in which we walk alongside parents for the time we are with them to support them in achieving their life's work for their child. (p. 9)

This view of schooling does not abdicate teachers' responsibilities to teach children, it empowers them to recognize that parents can partner with them in their endeavors.

Parent Knowledge

What can parents in school communities offer teachers as partners in their children's education? A study conducted by Pruitt, Wandry and Hollums (1998) investigated parents' perspectives about their interactions with special educators. 78 families were surveyed to find out how special educators could be more sensitive to their family's needs. They commented:

The overwhelming majority of the parents (70% of the responses in this category) recommended that educators should realize that parents know and understand their children; their contributions and suggestions are valuable and should be heard and respected. (p. 163)

Parents have knowledge about their children that teachers may never acquire within the school setting. As a teacher, I have always appreciated the knowledge parents have shared. Without

parental input, I am forced to rely only on my limited interactions with each student and the information I can glean from other staff that have worked with them in the past. Parents know their children, and can offer teachers an inside track to their child's strengths and motivations, and how to approach challenges.

How can we define parent knowledge? Debbie Pushor (2015) explained:

Parent knowledge is knowledge that is constructed, held, and used in the dynamic context of a family, a unit of people who are always in flux... Parent knowledge reflects the best of what a parent knows at any point in time. (p. 19)

As a parent, I learned many things about my children over time. I knew Alex was very intelligent and knowledgeable, but had a hard time expressing what he knew. I knew Ben was a very sensitive young man who had a soft spot for 'underdogs'. I also knew Zach, who was tenacious and determined to succeed at everything, could put on a good show for the world, even when he felt uncomfortable. As my children grew and changed, so did my understanding of their strengths and challenges.

The conversations shared by parent participants also demonstrated their knowledge of their children. These parents even shared their perspectives and knowledge with the school on many occasions. Phil identified that Buck was lacking engagement when Buck was in elementary school. He commented:

In the last three or four years that he was in elementary school, he wasn't given any kind of tools and... I identified that as being a bit of a problem, but nobody else really was that concerned. I felt that he was just being allowed to coast through school in the years where his brain was developing the fastest... I think he would have enjoyed a lot of challenges academically, had he been presented with the right ones. (Recorded conversation)

Phil recognized his son was becoming disengaged, and tried to connect with the school about his concerns, but his knowledge of his son was disregarded. Later, when Buck was in grade 9, a first semester parent-teacher conference revealed that Buck was still disconnected at school. Sally and Phil explained:

Sally: [A]t the first parent teacher interviews, we made a point to speak to all of his teachers and every one told us the exact same thing, "He's a bright kid, he is so smart, but he does not apply himself and he coasts. He is capable of so much!"

The one science teacher said to me, “Yeah, he just sits in the back of the class and doesn’t pay attention.” And so I looked at him and I said, “Move him to the front of the class.” [He told me,] “Well, we don’t really like to do that, you know we’re trying to get to know them and let them feel”... You know, I was just appalled! I just thought, “You’re still the teachers. You can still have some authority over children or at least appear to...”

Phil: I was about ready to lose my mind at that...

Sally: I honestly feel like [Buck] fell through the cracks.

Phil: No one was making sure he was learning in school.

Sally and Phil attempted to problem solve with the teacher, sharing their understanding of what could motivate their son, yet the school preferred to simply report Buck’s behaviour rather than find a solution for his lack of interest. Later, when Buck met with the principal of his new school, Sally immediately recognized that Buck would not respond positively due to the principal’s authoritarian tone.

When we met with the principal, oh my, it was as painful as hell! He was an ass... and I get that he needed to be... Kids need that, to a point, but Buck does not do well with that at all... [This principal] was not very happy to have Buck come to his school. (Sally, recorded conversation)

The school counselor repeated this mistake, in yet another of Buck’s introductory sessions. Sally commented:

I knew it wasn’t going to be successful the first day that we met with [the school counselor]... Buck already had a chip on his shoulder because of the way she addressed his skateboarding...

It is unfortunate that Sally and Phil were not consulted prior to these meetings with Buck. Perhaps their experiences with their son could have informed those crucial first meetings so that school personnel could have begun to build a relationship with the young man rather than build walls.

Although Jeanne and Maurice connected with Pierre’s schools often, the knowledge they shared about their son was not always considered in the decision making process. Jeanne explained:

In hindsight, I wonder, “How did this even make sense to anybody? They said, “Let’s put him in the Block Program.” Well, if you missed three days in the Block Program, you are out. He was already chronically missing school, so how did I even agree to this? How did they even think that this made sense? (Recorded conversation)

Because of this school’s policy and schedule, Pierre had limited opportunity for success. What really upset Maurice and Jeanne later, was the fact that the school did not call them when Pierre was in trouble, even though they knew about his mental health challenges.

When Pierre was at [this alternative high school,] they knew he was using and they knew he had all these problems. That is why he was there... I actually emailed this person, “What are you thinking? This kid is suicidal! If you push him over the edge, you are responsible for his death!” I got hauled in [to the school] and the principal gave me shit saying, “You cannot hang that on us!” Well, who pushed him? Couldn’t you have called me? (Maurice, recorded conversation)

A simple consultation with parents may have alleviated confrontation and fractured relationships. Although the school may not have agreed with the course of action Jeanne and Maurice may have suggested, at least a conversation would have taken place and parental knowledge could have been weighed in the decision making process.

Amanda’s frustration with systemic and repetitive answers she received in response to her help seeking was illustrated in the following comment:

You wait and you wait, and then you get in to somebody, and they say, “Oh, take things away from him, strip him of this, punish him.” That doesn’t work for my kid. The more that we took away, the more that we tried to discipline, the worse he got. I still have people in my life that say, “You’ve just got to put your foot down.” Yeah, well you know what? We tried and it didn’t work. It did not work for him. It was the same with Jill. The more we told her not to, the more she just wanted to. (Amanda, recorded conversation)

Amanda was looking for alternative solutions to these over-simplified responses. From experience, she knew this tactic would not work for her children, but it was all the system offered.

As mentioned earlier, parent knowledge is reflective of what a parent knows at a given point in time. Much of what we learn about our children is learned from our experiences of trial

and error. I learned, after many mistakes, that my two older boys needed some quiet alone time after school. I learned that Zach needed personal time with me in the mornings, and that if I waited, without asking, I would find out what was bothering them all. The parent participants also had learned much through experience. They possessed valuable untapped information that could have helped their children.

A 2005 Canadian study looked at empowerment for parents, particularly comparing parents of children with and without developmental disabilities. Nachshen & Minnes (2005) concluded:

In the education system, [empowerment] means providing parents with clear messages regarding the school's goals, clarifying the parent's rights and responsibilities, including the parent in planning and decision making, respecting their knowledge as care-givers and supporting their hopes for their child. (p. 910)

A school climate where parents and teachers are “joined in their support of the students, coordinated in their efforts to problem solve, open in their expression of needing one another” (Lawrence-Lightfoot, 2003, p. 243) offers hopeful possibilities for stigmatized and alienated students. If schools empowered parents to share their knowledge and began to “walk alongside” parents in their lifelong educative quest with their children, perhaps everyone's job would become easier and more responsive to students' needs.

Wearing two hats. Changing my role from teacher to parent within my children's school community was challenging. I knew what I wanted for my children, yet I felt silenced. As a teacher, I knew the invisible boundaries and expectations for most classrooms. Parents had their “helping role” and teachers were the experts. As I observed my older children struggle with their learning and their interpersonal relationships, I felt the need to tread softly, asking questions and accepting what was offered from the school. Perhaps it was my role as an employee in the school system that gave me the impression that I needed to carefully and unobtrusively advocate for my children. Nonetheless, entering the school community as a parent was a learning experience, one that I often wish I had actuated differently.

Vivian Johnson (1994) discussed the complexity of the teacher/parent relationship that even educators experience as parents:

Schools are powerful places. What goes on (or fails to go on) in them greatly influences all children's futures. Parents and teachers are often uncertain in their relationships with

each other. Each is concerned about the judgment of the other. Each feels vulnerable, exposed, unsafe and insecure. Even teachers feel this way when interacting with their own child's teacher. (As cited in Henderson et. al., 2007, p. 128).

Like many teachers, I am part of the broader parent community, as well as part of the professional community within schools, and who I am as a teacher, and who I am as a parent, is indivisible. I bring to my professional life the knowledge I hold as parent and what I have learned and know as a professional informs my parenting. Over time, my parenting and teaching practices have changed and grown, responding to what I have learned and experienced in this "dual role" (Claesson & Brice, 1989). This duality creates both positives and challenges. As a teacher, I believe I am more understanding of parents' concerns and can meet the parents of my students on common ground. We can share a laugh about some of the frustrations they experience, because I have been there, too.

Although being a parent has brought depth to my role as a teacher, it has sometimes been difficult for me, as a parent, to quietly accept, philosophical differences in pedagogy and practices from my children's teachers. I have a hard time silencing my teacher opinions while wearing my parental hat. This "dual role" (Claesson & Brice, 1989) of parent/educator is experienced by many of my colleagues as well. Although I have had conversations about this experience, from a parents' perspective, with colleagues in the past, what I had never really thought about, or discussed was whether the moralization of the broader parent community impacted our professional practice as teachers.

Rieger (2008) commented:

[W]e cannot ignore the prevailing attitudes, structures, and practices that are in place along with our own personal biases, which can potentially dishearten and dissuade students and their families from seeing themselves as viable contributors." (p. 79)

As a teacher, I have heard the conversation about "those parents" described by Jeanne. I have had arguments with teachers about the existence of ADHD, when they claimed that students who don't listen come from homes with permissive parents who haven't taught their children the importance of hard work. I have challenged teachers' beliefs that unfinished homework is the product of inferior parenting and dysfunctional home lives.

When I think about the stigmatization, labeling and moralization attached to drug use, and the shame and blame aspects of parent communities, I begin to see how teachers, especially

those who are also parents, could see me, as a parent, and my son Zach. I wonder if teachers and school communities even realize the implications of these social biases.

Other Kinds of Families: Embracing Diversity in Schools (2008), Heilman challenged hegemonies of family. “What is most important to emphasize is that families that depart from hegemonic ideals are stigmatized and will experience the social stress of prejudice” (p.18). I believe that if a child does the unthinkable, and develops a substance use disorder, the family will no longer align with the hegemonic ideal. To walk alongside these families to support parents in their child’s education, schools and teachers may need to become more aware of biases and social moralization. Heilman (2008) stated:

As preservice and inservice teachers, we first must understand that it is our job to teach all students, and that as a professional, it is our duty to recognize ways in which some students are valued and seen as more normal and wholesome while others are devalued. When teachers think critically about their own backgrounds and values, they have a better capacity to recognize and address preconceived and prejudicial notions of families they may have that could make it difficult for them to accept, understand, and effectively teach their students. (pp. 22-23)

Prejudicial notions, about substance use disorders (SUDs), has been a part of society’s narrative for generations. Conversations about SUDs must occur for school personnel to become aware of their biases so they can begin to change the narrative within themselves and within the “hidden” curriculum of schools.

Hidden curriculum. The term “hidden curriculum” first named by Philip Jackson in 1968 was defined by Michael Apple (1971) as “the norms and values that are implicitly, but effectively, taught in schools and that are not usually talked about in teachers’ statements of end or goals” (p. 27). Hidden curriculum describes the teaching and learning occurs in schools that is not directly determined by government outcomes or course outlines. This could arguably include learned behaviours such as walking in a line, raising hands to speak and even how to fit in with peer groups. According to Turner- Vorbeck (2008):

This conceptualization of curriculum reconciles well with the prevalent idea that education is a socialization process and that schools function as a primary institution within society, reflecting the dominant power structure in society. (p. 182)

If educators, as members of society, moralize about substance use disorders, and educators, as parents, carry preconceptions about “good” and “bad” parents, then the hidden curriculum of schools would likely perpetrate the stigmas and biases determined by the greater found community. What message did Pierre’s teachers send to all of the students when they teased or berated him for falling asleep in class? What did our children learn about society and themselves when they were registered by suspicious principals for new schools? What did the parent participants learn about schools when their attempts to find help for their kids were passed on to other schools and agencies, who in turn passed them on again? How can schools interrupt the negative influences of societal stigma on students with SUDs and their families? Turner-Vorbeck (2008) suggested one way to address issues is through building awareness, followed by reflection and action.

Awareness, reflection, and action. Awareness begins with a realization that a situation or fact exists. Hopefully, this inquiry will contribute to the awareness process for educators. In my practice as an educator, I have seen many challenges to biases in schools. In my experience, schools have taken on social justice mantras for various groups including fighting for the rights of women, anti-racism, recognizing colonialism, creating awareness for LGBTQ⁴ communities and First Nations Treaty understandings. Although there seems to be a shift in public interest toward mental health awareness in the past few years with celebrities such as Olympic medalist, Clara Hughes and actors Robert De Niro and Bradley Cooper beginning conversations, people with substance use disorders seem to remain firmly silenced. Current public discussions about substance use seem to primarily connect with drug awareness and “Just Say No” campaigns designed to focus on the perils of drug use without including viable options for recovery.

Perhaps schools could begin the conversation to bring awareness to the stigma surrounding mental health and substance use disorders. Building awareness and understanding about substance use disorders in school communities means interrupting the prevailing social narrative. This inquiry has opened my eyes to the complexity of substance use disorders and their impact on individuals and families within a social context. Learning about substance use disorders as a mental health disability may help school personnel respond with informed care and support of students and their families.

⁴ Lesbian, Gay, Bisexual, Transgender (Transsexual), Questioning (Queer), 2-Spirited

Reflection, or reflective inquiry, was introduced by Dewey (1933) as “active, persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends [that] constitutes reflective thought” (p. 16). Dewey pushed back against routine thinking, tradition, and external authority, encouraging careful consideration of beliefs – to think “intelligently.” According to Thompson and Pascal (2012), “reflective learning provides a foundation for challenging dogma and prejudice” (p. 315), once again, carefully considering beliefs and re-imagining the world. Turner-Vorbeck and Marsh (2008) commented:

In reflective practices, self-study processes help individuals uncover information on personal dimensions related to social-psychological aspects of teaching counseling, and advocating, such as identity, role, commitment, and socialization, allowing for even more empowerment through self-knowledge. (p.185)

Reflection encourages educators to examine their personal experiences, pedagogy and scholarship along with those of other educators as they intersect and connect with the sociocultural and political influences of the broader community. Farrell’s (2012) metaphor of a compass clarified this concept of reflective practice. He explained, “The metaphor of reflection as a compass enables teachers to stop, look, and discover where they are at that moment and then decide where they want to go (professionally) in the future” (p. 7). Through reflective practices educators, and other school personnel, can re-imagine schools that support students with substance use disorders and their families.

For me, this inquiry process has been a lesson in reflection. I have shared my lived experiences as a parent along with those of the participant families, and have attempted to weave our narratives with my experiences as an educator and scholarly literature. Perhaps this inquiry will assist educators to reflect on their responses to students suffering from substance use disorders, encouraging them to stop, discover where they are at, and decide how to move forward in their practice.

Action requires a plan to achieve a purpose. How can schools respond to students’ mental health and substance use issues? How can schools take the initiative to connect with parents and community agencies and services to support families? Chapters Ten and Eleven consider possible action plans based on the parent participants’ narratives and responses, as well as my reflective inquiry.

Musings and Concluding Thoughts

Families in our schools are engaged in the very important work of educating their children in life. For many parents, entering schools and engaging in the schooling process can be a daunting prospect. Recognizing the “ghosts” (Lawrence-Lightfoot, 2003) that parents may bring to school communities may help teachers and administrators to be more vigilant about the importance of hospitality. For schools, walking alongside parents in their roles as life-long educators and welcoming them to share their knowledge builds partnerships between schools and families for better understanding of students and their needs.

For families supporting children with mental health or substance use issues, hospitality and partnership is even more critical. As stigma clouds the perceptions of the broader community, parents become increasingly isolated in their struggle to help their children. By reaching out to parents, schools can become catalysts for support and advocates for change and awareness. Someone needs to take on this critical issue to assist families. As schools are places where young people congregate, they can begin these conversations for change. The next chapter challenges hegemonic notions of family and deficit thinking, and reimagines school communities that share knowledge and power with parents in authentic partnership.

Chapter 10

Parents in School Communities

*When I was younger, so much younger than today
I never needed anybody's help in any way
But now these days are gone, I'm not so self-assured
Now I find I've changed my mind and opened up the doors*
(From “Help!” Lennon & McCartney, 1965)

A few months after Zach’s death, I resumed my position in schools. Because I had also decided to continue my studies, I was spending time reading and reflecting about how schools could more effectively respond to parents and students who are dealing with mental health and substance use disorders. By happenstance, I found myself working with a family who was challenged with these very concerns. This young lady suffered from depression and substance use disorder. She and her family were new to the school, and unfortunately she did not easily connect with her peers within this new school community. Within weeks, the parent community was concerned about this child. She didn’t look like other students, she was more street-wise, and was willing to speak out about controversial issues in ways that made the other students a bit uncomfortable. Teachers did not know how to deal with this child’s unusual persona, and many people – teachers, students, and parents – feared what they did not understand. What I learned from this experience with a student complicated by mental health and substance use issues was that there are a lot of barriers to overcome for both school personnel and families.

Given the misinformation, stigma, and stereotypes surrounding mental health and substance use, it is vital that schools structure opportunities to facilitate empathetic conversations so trust can be established and knowledge can be enhanced. My knowledge of these issues and personal experiences helped me to advocate for this student and authentically connect with the family. Unfortunately, she moved out of town and left the circle of my influence before the year was complete. I wonder if the family received support in their new school community. Families, like this one, come to our schools from many backgrounds with hopes and dreams for their children. How can we ensure all schools respond to this diversity of needs? How can

school personnel become more comfortable and confident to build trust and connections with all families? This chapter challenges the perpetuation of hegemonic notions of family. It also looks at power differentials in school communities, focusing on building inclusive relationships for student learning.

Challenging Hegemonic Notions of Family

Families in our schools come to us from many circumstances, differing through culture, religion, politics, education, family form, and even the money they can earn or spend. Even within similar cultures, families are more diverse than turkey stuffing recipes in North America – although the recipes seem to be similar, because everyone stuffed their turkey, the nuances and inner workings of the family, like the stuffing, are very distinctive to each family’s traditions and choices. When globalization and immigration are added to the Thanksgiving dinner options, an international fusion of flavours add to the culinary experience – some tastes comforting and familiar, others spicy and exciting, and some untested and a bit intimidating. Each family in every school is unique, however, when we see a picture of a Thanksgiving dinner on television or in print, we often see the stereotypical perfect family with perfect children and a perfectly stuffed turkey, the image of a hegemonic family in North America.

Family hegemony is the cultural power of the “ideal” family construct. This two-child nuclear family is commonly seen on television and in magazine stories, and in advertisements for vacations, new cars, and cereal among other products. The boy is often about 10 years old, his sister 7. (Heilman, 2008, p. 10)

This unrealistic ideal of family dismisses diversity, and sets all families up for failure to reach unobtainable perfection. Heilman (2008) discussed the many ways hegemonic constructs affect the ways in which we view families. How many children are acceptable? One is not enough, but more than three? Oh my! How old are these children? Children’s births should be spaced correctly, just enough time between babies so that everyone can progress along expected, “predictable pathways.” All children should look alike, due to biology, and parents should fit the norm for expectations by dressing appropriately, working the appropriate number of hours and making appropriate cupcakes for the cupcake sale, something I could not seem to do, according to a very embarrassed Zach at 11 years of age. According to him, my very plain chocolate cupcakes with sprinkles were always the last to sell. Heilman (2008) stated, “What is important to emphasize is that families that depart from hegemonic ideals are stigmatized and will

experience the social stress of prejudice” (p. 18). Recognizing and attending to these unrealistic hegemonic expectations of families will assist school communities to become inclusive and open to diverse cultures and practices and enable individual families to accept themselves in their differences. After all, does any family truly meet these ideals?

Interrupting hegemonic notions of families in schools is particularly important to families who are challenged with health issues, like substance use disorders. These families feel doubly threatened. Parents recognize they have not measured up to the ideal parent standard, and they are also dealing with the stigma of substance use. Fostering inclusive school climates through education, support, compassion, and non-judgmental responses may provide parents the opportunity to discover connectedness on the school landscape.

Welcoming Parents with Hospitality

The participants’ stories about entering new schools, after their child’s substance use was common knowledge, exuded frustration, pain, and embarrassment. For these parents, the first real encounter with their child’s new school usually began with a discussion with an administrator or counselor. Parents determined the likelihood of success for their child upon the welcome they initially received from this meeting. According to Rishel (2008), “Focusing on what parents and students lack rather than what they possess hobbles our efforts to create a more inclusive school environment” (p. 46). This often delivered lesson in deficit thinking does nothing to support already marginalized students and their families. “In respectful alliances, schools reject deficit thinking and reexamine their own beliefs and assumption in this arena as part of refining their leadership platform” (Auerbach, 2012, p. 35). Offers of support and hope are what families of children with substance use disorders crave. Parents, like us, need allies to advocate for our children’s well-being.

Rieger (2008) commented:

We cannot ignore the prevailing attitudes, structures, and practices that are in place along with our own personal biases, which can potentially dishearten and dissuade students and their families from seeing themselves as viable contributors. We must welcome our students and families as they are, learn as much as we can from one another, and always create opportunities to celebrate our accomplishments. (p. 79)

When Zach entered his final high school with a lecture from a dismissive and belittling administrator, we felt physically sick. We had shared our concerns for our son’s health and well-

being, and the knowledge we shared was used to tear down our son's hopes for a new start. Zach entered his new classrooms to a barrage of missed assignments and deadlines, rather than promises of assistance to succeed and move forward in a positive way. Beginning from a deficit perspective harms families and sets up a prophesy for failure. Unfortunately, no one in Zach's new school celebrated Zach's amazing feat of 28 days of recovery, or the steely resolve and courage he had displayed when he chose to leave his previous school for a fresh start. If he had begun with a promise of support, hope, and celebration, perhaps his path would have been easier, I know ours would have been.

Welcoming and hospitality for parents and students is important. It is essential for schools to set aside hegemonic notions of family and prejudices to accept families and students where they are and move forward, together, from there. As mentioned in previous chapters, learning about mental health and substance use disorders can help alleviate prejudices and stigma. By maintaining open and inclusive communication throughout the family- school relationship, school communities can begin to build trust in classrooms and throughout school communities.

Reaching Out

Because of the stigma associated with substance use, reaching out to schools or other parents for advice or support is risky for families as we saw in the participants' stories. Stigma is only one reason for hesitation. Criminalization for illegal drug use has the potential to put these children in even more harm, so if parents are unsure of the position schools may take regarding substance use, they may continue to hide, rather than connect openly with schools. For Jeanne and Maurice, the conversations with schools were even more emotional and difficult. Not only did they discuss Pierre's stigmatizing drug use, but they also addressed his mental health issues, which come with a whole other set of prejudices. Jeanne explained:

We were the ones that initiated the meeting when Pierre had his suicide attempt and I remember sitting around a table with the principal, the vice-principal, and the counselor and having a conversation about Pierre's depression and what the doctors had said. You know, you feel like your soul is being ripped out. (Recorded conversation)

Self-stigmatization and blame is an effect of the moralization of the broader community.

Recognizing and honouring the courage parents exhibit when they share this kind of information is important for relationship building and ongoing communication. Acting upon this knowledge

is critical to change the patterns and positioning of the student and their families in the school community.

Amanda's experience with her daughter, Jill's, high school differed from her previous unsatisfying interactions with schools regarding her sons. In this case, Jill's school counselor reached out to Amanda to discuss possible solutions for Jill's issues. Amanda commented:

It was between Jill and the counselors to begin with, and then it just seemed like everything eventually worked out. [One particular counselor] was good to work with at the school. I knew her, I went to high school with her, so we had a little bit of a different rapport. It just seemed like she was so willing to, not just brush her aside, but would say, "Okay, what can we do?" Right away, she hooked me up with [an alternative high school] and the counselors there and we went there and talked to them. It just seemed like things progressed and worked out way better. (Recorded conversation)

Amanda appreciated the school-initiated support offered to their family, particularly their guidance and solution-based conversations, something she had not experienced in past conversations regarding her sons. She also appreciated being asked to share her parent knowledge and to become an authentic partner in the decisions affecting her child's future.

According to Henderson et al. (2007), "Reaching out to parents is easier for educators than 'reaching in' to teachers and other staff is for parents" (p. 40). This is especially true for families who do not reflect hegemonic notions of families, and whose children are struggling with substance use and the stigmas surrounding this issue. How can schools reach out to parents of children with substance use disorders? In my opinion there are two levels of support that could address the barriers surrounding this issue, anonymous support and direct support.

Anonymous opportunities for support could be achieved through information sources like student handbooks and school websites. All of the parents referenced lack of information as a major stress. Once again, let us remember the stigma attached to substance use. Thoughtful and respectful communication about how schools can help parents throws open the school door to welcome conversations about families' and students' needs. Beginning these essential conversations in anonymously accessed sources like handbooks and school websites sets the stage for school community inclusivity. Additionally, links to other contacts, services, and pre-screened, current websites could offer parents timely up-to-date, and valid sources for information and support. By addressing potential substance use issues openly and

compassionately, schools can interrupt societal stigmatization, changing the way school community members view and respond to this serious health concern.

Schools can also reach out to parents through direct contact from teachers, staff, counselors or administrators. Each of the young people discussed in this inquiry exhibited changes to their behaviours, school engagement, or achievement. Jordyn's drop from honour roll indicated a change to his learning patterns, Zach was connecting with different friend groups, Pierre was disconnected and angry, and Buck was disengaged in his classes. These notable changes were opportunities for their schools to reach out to parents to discuss options for their child's well-being. Once parents disclosed to schools their children were engaged in substance use, the schools could have connected with parents on a regular basis to keep the lines of communication open, to share perspectives and information, and problem-solve. Schools can also invite and encourage parents to take the risk to connect with them by recognizing substance use disorders exists, and minimizing judgmental commentary. Creating welcoming, supportive inclusivity through direct and indirect means is important to establishing relationships and sense of community for parents on the school landscape.

Sharing Knowledge and Power

"It takes a whole village to raise a child." This common African proverb highlights the importance of childrearing as a community. Nurturing children to adulthood involves many different people and groups who hold knowledge that can support parents and their children on this quest to self-actualization. How can schools begin to walk alongside parents in their educative journey with their children? What knowledge do parents and teachers hold that could support the education of students on the school landscape? In my experience, parent communities and education staff have a lot to offer one another through experiences with their specific child or interactions in the world. In my work as a classroom teacher, I have noticed that students do not always present the same persona in the classroom as they do with their parents. Sometimes they are more outgoing in class, sometimes less. Sometimes students present as risk-takers at school, sometimes they hide from others. Nonetheless, frank and open conversations can assist both teachers and parents in their important jobs of helping young people grow.

Knowledge about students. Welcoming and reaching out to parents are only the first steps in building inclusivity for parents in school communities. As I mentioned in the previous chapter, parents hold knowledge about their children that teachers may never acquire within the

school setting. According to Henderson et al. (2007), “The reality is that educators and parents have many beliefs, attitudes and fears about each other that hinder their coming together to promote children’s education” (p. 27). The participant families recognized they had not and would not measure up to the expectations of the broader communities, which often included their children’s teachers and administrators. This was illustrated by their expectations of how they would be perceived by new schools, or other parents, if they revealed their concerns about their child’s drug use. Jeanne, who works in schools, discussed the internal conflict she and Maurice experienced when they were dealing with challenges as early as when Pierre was in elementary school.

It was all these conflicting things. You’re supposed to not be ‘that parent.’ We were trying to find that balance, where we were not questioning everything that the teachers and the administration were saying... Being a bit of sceptic, I would say, “Oh come on Pierre! What did you do?” because he always said to me, “Mom, the teacher picks on me!” I said, “Come on Pierre! You know you said that last year, so what are you doing?” ... “What are you doing?” and never wanting to be ‘that parent’ that always says, “My kid’s innocent and my kid’s perfect,” you know? But then, finding out that the school had made a lot of mistakes; they did a lot of really unfair things to our children; that was hard. (Jeanne, recorded conversation)

“That parent” was defined by Jeanne as the parent who questioned the validity of schools’ perceptions of their children. It is interesting see these parents’ expectation that the school should be making the correct decisions for their children, and their surprise that people in schools could make mistakes. Years later, when the stakes were much higher, they began to challenge the school’s decisions for their son. Maurice wrote:

I apologize if you were offended by the previous email but, until you have lifted your child off a closet rod with a belt around his neck, suffer with him through feelings of worthlessness, and then have him lay in bed sobbing with snot running down your arm because he's feeling worthless because he felt under attack after meeting with you, I don't know if you can fully appreciate how truly trivial it seems that the potential trigger for your child to commit suicide is because he fell asleep in class! I will not lose my child because he fell asleep in class and you do not feel his work is adequate! (Maurice, email, January 17, 2012)

Frank and open conversations between parents and schools are in the best interest of children. Everyone makes mistakes and errors in judgment, parents and school personnel, and there is much to be learned from each party in the joint quest to educate each child. For example, Amanda knew her son could be engaging and amiable with adults, commenting, “he is a charmer” (recorded conversation). Sally and Phil might have pushed their son’s schooling in a different direction if they had been asked. They commented:

Sally: He wasn’t challenged and teachers, I think, were more out to be their friend than anything else. They didn’t challenge him, he never learned any study skills, he never learned how to do any homework, and...

Phil: But they allowed that to happen, they didn’t at any point in time attempt to... place him in any advanced classes or find out what his interests might be.

Sally: But he never could have been offered advanced classes because they never knew quite what he was capable of.

Sally also knew immediately that Buck would not connect with the counselor because she had insulted his skateboarding passion, explaining, “I knew it wasn’t going to be successful the first day that we met with [the school counselor]... Buck already had a chip on his shoulder because of the way she addressed his skateboarding...” (recorded conversation). Maurice and Jeanne felt somewhat betrayed by the school when they were not consulted following an incident at one of the alternative high schools. Considering Pierre’s mental health situation and their history with health care professionals combined with their extensive knowledge of their son, they may have been the most qualified consultants for the school in this particular case. Maurice explained:

I actually emailed this person, “What are you thinking? This kid is suicidal! If you push him over the edge, you are responsible for his death!” I got hauled in [to the school] and the principal gave me shit saying, “You cannot hang that on us!” Well, who pushed him? Couldn’t you have called me? (Maurice, recorded conversation)

If we accept the premise that parents are educators of their children and we are privileged to walk alongside them on this important journey (Pushor, 2013), then these disastrous mistakes might not occur. If parents were invited to be part of the conversations about their children’s education, their knowledge, based on years of experience with their children, could inform the decisions and directions chosen in school environments. Jeanne’s story about the counselor

giving Pierre the news that he had to find a new school is shocking. How could anyone dismiss a child in this manner, without consulting, or at least informing the parents? Jeanne remembered:

I went to see the counsellor. I just popped into his office and I said, “You know, I left a message about Pierre registering and was wondering if we could get that ball rolling.”

He said, “Well, you tell Pierre to come in and see me tomorrow.” Pierre went in to see him the next day and he said, “I am sorry, we cannot have you here this year. You are going to need to go to back to [the alternative high school.] They could not tell me, they had to tell Pierre that? (Jeanne, recorded conversation)

High schools seem to hold dichotomous views about their students. On one hand, they expect teens to ask permission to use the washroom, as if these young people do not know when the time is necessary. On the other hand, they expect a teen, like Pierre, to handle rejection from a school without including parents.

Shared power and authentic partnerships for students’ success. The parents in this inquiry spoke about meeting with school personnel. They met when they were called to respond to an infraction and called meetings themselves out of frustration or concern for their child’s well-being. Regardless of the why, the parent participants did not feel their contribution to the body of knowledge about their children was often acted upon. Their stories characterized school personnel as assuming the role of experts, placing parents in the role of listeners expected to follow their advice. These meetings seemed to have an underlying power differential, like a parent instructing a child, or a boss explaining a procedure to an employee.

Susan: Do you feel like you had been heard at all?

Phil: No, and the worst thing was, is that I had suggested to [one of his teachers,] “Maybe you should just pile on some homework, you know, give him some homework, give them all some blinking homework! Get the kids to apply themselves so when they get home from school they can’t, you know, run off to the park and just do nothing.” They basically said they don’t believe in homework anymore... and the rationale was never explained. I’ve asked a number of teachers about this. They totally stonewall you as to why they don’t believe in homework anymore...

I find it interesting that, according to Phil, the rationale about limiting homework was never explained to him. Perhaps teachers are giving non-answers about this issue because they are

simply following school policy. Perhaps they don't know the rationale behind the practice. Perhaps the teachers Phil consulted did not believe parents deserved a response because homework is the school's jurisdiction and parents should "butt out." Nonetheless, Phil's inquiry had been effectively shut down and he felt his voice was not heard. Crozier (2016) stated, "Teacher professionalism has been used as a defence from parental 'interference' or criticism and as a mechanism for reinforcing the boundaries between home and school" (p. 148). Unfortunately, these home and school boundaries are reinforced when teachers and administrators use deficit perceptions of families when they contact parents about classroom concerns.

Amanda commented that her children's schools seemed to reach out to her only when they wanted to report substandard behaviour of her children. "I think sometimes school was a bit of a challenge because both of the boys had attention deficit disorder, so it was always like, 'Jordyn did this, John did this'...starting in Grade 2 or 3" (Amanda, recorded conversation). Hornby & Lafaele (2011) commented about parents' perceptions of this type of school contact:

They may believe that teachers are seeking a superficial relationship and are only concerned with addressing problems rather than working toward solutions. In this context, it is not surprising that there is a lack of mutual understanding between parents and teachers with the result that mistrust builds and barriers increase. (pp. 45-46)

Amanda responded to the home-school boundary suggesting that it was the school's job to deal with the behaviours manifesting at the school. "Sometimes I felt like it was more like whining. I wanted to say, 'You're there, dealing... what do you want me to do?'" (Amanda, recorded conversation). Breaking down these boundaries to create authentic partnerships between schools and parents may have alleviated both of these situations. Phil could have had a real conversation about homework practice while Amanda and the school could have authentically discussed possible responses to assist the school with her sons. They may not have agreed but, by giving the parents an opportunity to share their opinions and knowledge, they may have strengthened their school-parent trust and relationship.

Changing the way schools and parents view power in schools may change the conversations about students. Henderson et al. (2007) commented:

We suggest that power should be shared. Every person that is interested in supporting children's development should have equal status, value, and responsibility. That means

starting from the premise that everyone has something to offer, and that everyone should get something positive out of the relationship. (p. 37)

As school personnel begin to learn about substance use disorders and the implications for families, perhaps they will be more open to working with parents to create programming for their children to support recovery. This connection begins with non-judgmental inclusive schools that interrupt hegemonic notions to work with real families. When parents and school personnel begin to accept and trust each other to share knowledge that informs decisions on the school landscape, more students will find enriching safe places to grow and heal within school communities.

Sharing parent knowledge with other parents. Parents can also benefit and learn from the shared experiences of other parents. Over the past few months, I have been listening with interest to friends' stories of wedding planning with their children, knowing that I may, someday, be in that situation as well. Through other parents' stories, I have learned about the joys, frustrations, and challenges that come with joining two families. I have to say, the way I will likely approach a family wedding has changed because of the lessons they have shared, and I will most likely rely on the counsel of these people when my time comes. Once people have experience, they can share the resources they have discovered, what they have learned, and what they would do differently next time they are faced with a similar situation.

All of the parents in this inquiry commented that they felt alone in their struggle with substance use disorders and would have welcomed an opportunity to talk to and learn from other parents. For Sally and Phil, this opportunity became a positive one-time reality that they would have been happy to repeat. Sally stated in a letter that this process "would have been a good outlet and good information sharing, but again, it was a one-time only group, which was somewhat disappointing" (January 31, 2013). Maurice and Jeanne were able to access a 12-week program that encompassed a wide variety of parenting challenges. They felt they benefited from this process as well, even though the information was not focused on substance use or mental health.

Parents can learn from the experiences of other parents. "Although stressful home lives impede parents from assisting their children both at home and at school, the reality is that many families appreciate the opportunity to learn from other families through parent groups" (Delgado Gaitan, 2012, p. 310). School communities could purposefully recognize the issue of mental

health and substance use disorders in schools, and offer regular opportunities for parents to access information about this issue, to bring together worried parents in a non-judgmental, open venue. As a collective, these parents could also work together to advocate for easily accessible support programs for teens suffering from substance use disorder.

Parents' roles have expanded to include the 'jobs of information seeker, problem solver, committee member, public educator, political activist and, most importantly, spokesperson for the needs of a child who may be unable to communicate his or her own needs to those in power.' (Minnes et al., as cited in Natchshen & Minnes, 2005, p. 899)

For parents of students with substance use disorder, these roles have become particularly stressful and lonely. Guided and directed by input from individual families, schools could respond to the needs of parents by arranging speakers and other supports to facilitate parent interaction. This group would hopefully become autonomous as parents began to build relationships with one another. This type of parent group would benefit schools by offering a safe place for struggling parents to learn in community, as well as parent knowledge from lived experience to inform school practices, policies, and programming.

As part of reaching out to parents, a position for a parent community member, with personal experience with mental health or substance use issues, could be established as a connection for families with this parenting challenge. In order to legitimize and support this role, the parent would be paid and would receive training similar to those who volunteer with victim assistance. This person would provide a safe contact for families to access information and support without feeling threatened by the authority of designated school officials. This person would serve as a listener, an advocate, and a support to parents as they seek assistance for their child. This parent position would provide families with a link to the school community and others so they could begin to address the issues confronting their children and the self-stigmatization and blame that come with this parenting challenge.

As schools and communities challenge and interrupt hegemonic notions of family, to welcome all families to their Thanksgiving banquet, a much more interesting and rich meal will be enjoyed, with recipes exchanged and stories shared. When schools welcome parents, reach out to them in a variety of ways, and share power, as well as the burdens along each child's education journey, they make a positive difference in the lives of families and children suffering from mental health and substance use disorders. Parents have a lot to offer one another and

school communities. Parents and schools working together in authentic partnerships create space for multiple sources of knowledge that can help students learn and thrive on the school landscape.

Musings and Concluding Thoughts

Let us imagine for a moment that the parent participants from this inquiry had been able to access an open inclusive school community, as the one described above. For Sally and Phil, this would have meant that Buck could access the programming he was promised, in his home school, rather than being sent to an alternative placement. Sally and Phil would have had the opportunity to connect with other parents in their school community who were also challenged with parenting children with substance use issues. Such a group would have offered them a venue to share their concerns in a safe and respectful environment, on an ongoing basis, rather than through the one-time only meeting that they experienced.

Imagine how Amanda's and Jordyn's lives would have changed if Amanda's interactions with Jordyn's schools mirrored her experiences with Jill. If Jordyn had attended a school that reached out to parents when changes to students' behaviours occurred, Amanda and school personnel would have had the opportunity to interrupt potentially the cascade of Jordyn's substance use. In a school that shared power with parents in authentic partnership, Amanda would have been consulted, in an effort to find solutions for her son, in the same way she had been consulted with her daughter Jill.

For Maurice and Jeanne, a welcoming school that was ready and open to address Pierre's health concerns would have alleviated the isolation and rejection he experienced. Their parent knowledge would have informed the direction of their son's school experience, first and foremost taking into account Pierre's health and safety, and then addressing his course work.

For Zach, being able to access substance use assistance in his home high school would have been amazing. Our family needed a school that provided us information and the services necessary to support Zach's health needs. Our parenting stress would have eased substantially if we had known that when Zach was at school, he had someone he could trust and turn to, especially when he was tempted to use or had relapsed. I think life would have been so much easier for all of us if Zach had been surrounded by teachers, willing and flexible to respond to his educational needs during his recovery, in a school that had built supports for belonging and

inclusion so Zach could begin to build healthy relationships. That school climate would have been remarkable and life changing.

All of the young people referenced in this inquiry fought to attend school. They braved unwelcoming administrators, the experience of stigmatization by teachers and their peers, loneliness, isolation and new communities, forging forward always with the hope of attaining an education for their futures. Their parents also faced many of the same barriers in their attempts to advocate for their children. By addressing these barriers through the creation of inclusive school climates that build authentic partnerships with parents, schools will provide spaces where students and their families can share their knowledge, participate in decisions which affect them, find support, and gain a chance for health and success. The following chapter addresses how partnerships with other community services could further build opportunities, supports, and programming for families and students suffering from mental health and substance use issues.

Chapter 11

Community Connections

*And when the broken hearted people
Living in the world agree,
There will be an answer, let it be
And though they may be parted there is
Still a chance that they will see
There will be an answer, let it be*

(From “Let It Be,” Lennon & McCartney 1970)

In 2000, the Saskatchewan Special Education Review Committee concluded a 16-month review of Saskatchewan schools. Throughout their report they used the term, *students with diverse needs* to not only include students with disabilities or gifted learners, but also “those children and youth who are at risk for developmental, learning and behavioural problems because of environmental and other factors” (p. vi). As I deconstructed this phrase from the report there were a number of words that struck me as significant.

First, they refer to “children and youth,” which encompasses all students from pre-kindergarten to Grade 12, so high school youth are included in the term *students with diverse needs*. Second, “developmental, learning and behavioural problems” are listed for students with diverse needs. Young people who have a substance use disorder definitely fit in this category. These problems are evident in the stories of angry Pierre, in Jordyn’s struggle with his later learning even though he was able to make the honour roll in Grade 10, and in Buck’s challenge to succeed in the larger school community. Finally, this report even included “environmental and other factors” as reason for these issues. As parents, we can only speculate as to the reason for our children’s substance use issues. Perhaps Zach’s disorder was caused by environmental factors. As far as we know, classmates introduced him to drugs and other substances and he used them on his way to and from school. Perhaps the school itself was the environmental factor, but because we will never really know, his health issues can be classified in the “other” category. Nonetheless, the youth in this inquiry seem to fit the definition of *students with diverse needs*.

A major finding of the Saskatchewan Special Education Review Committee (2000) stated:

Meeting the diverse needs of students requires building the capacity of schools and school divisions to support those needs. Building inclusive schools through effective practices and supports to students will be the continuing challenge for schools, school divisions, and Saskatchewan Education. (p. vi)

The committee recognized the growing need for schools to build capacity and recommended changes to the ways services are delivered to students, as well as interagency support “to help schools serve as a focal point for the delivery of a full spectrum of programs and services for students with diverse needs and for their families” (p. vii). While the Committee’s report was written 16 years ago, it resonated with my experiences and with the stories of the parent participants. It is time to take this report seriously.

Responding to Health Issues of Students

A key theme that emerged from this inquiry was parents’ frustration with the stigma surrounding drug use and the way it impacted their children at school and in the community. As parents sought assistance from school administrators, counselors, and teachers they were often faced with few options, zero tolerance, and many other roadblocks to their child’s recovery. Parents described their exhaustion with fighting a system that treated their child’s issues as behavioural rather than health related. Parents commented on their exasperation with punitive, consequential responses to their child’s situation and questioned schools’ decisions to shift the responsibility of their child’s education and wellbeing to another school or agency. One participant summed up this parenting experience in a text:

The difficult part was not the work, it was the feeling of helplessness as our once happy child became this desperate, sad, and despondent teenager; getting a brief glimpse of hope only to have it crushed by administrators and teachers, each one of them ‘another brick in the wall.’ (Maurice, September 3, 2015)

It is critical and socially just that administrators rethink zero tolerance, suspension, and expulsion policies that stigmatize, isolate, and punish students. Interrupting social moralization to emphasize the health and educational wellbeing of students and parents in need of inclusion and support may be a more responsible and ethical response.

One of the frustrations all of the parents in this study expressed was the difficulty in actually finding the help necessary to support their child's recovery. Amanda stated, "I can't recall there ever being a conversation like, 'Okay, what can we do to help this kid?' They just told me to go to Addiction Services and to get counseling from them" (Recorded conversation). For all of the parents in this inquiry, accessing services outside of the school was challenging and unpredictable. Convincing a young person to access help through addiction counseling is very difficult, but when those trust relationships are inconsistent, maintaining compliance is almost impossible. Sally explained:

Then all of a sudden we go in there one day and find out [Buck's addiction counselor] is pregnant and going on maternity leave. She just passed his file on to somebody else, no transition, no nothing. Just, "There you go." Like just dumped and Buck said, "Fuck this! I am not seeing anybody else." So then you think, "What the hell am I supposed to do?" (Recorded conversation)

Zach went through a number of counselors from Addiction Services as well, due to changes in their assignments and other reasons, and he was even required to go to a variety of different locations – all relatively inaccessible to him as they were far from his home community. We drove Zach to every appointment, and every Narcotics Anonymous meeting, sometimes up to four times in a week. We were fortunate to be able to have a car at our disposal and people to assist with the driving, but this situation was challenging for us, as parents with full time jobs. I often wondered how other families, such as single parents, handled these issues.

To be fair, Zach was not consistent either. He would work with a counsellor for a while, then he would slip back into old habits or simply get busy with the life of being a teen. Homework, extracurricular activities such as music and sports, or even just a great snowboard day, could take priority in his world. Although we encouraged him to remain active with a counselor, a change in personnel would definitely prompt a retreat from services. It seemed that it was just too much effort for him to establish another connection. Also, because of the nature of substance use disorders, we seemed to particularly need services when we were in crisis, which often required yet another intake interview, an experience which was exhausting and frustrating for all of us.

Finding help and accurate information was probably the most complicated experience for our family. Sally and Phil also spoke of this concern:

As a parent of a drug user, I do have to say that there is no “one place” to seek help, you just have to trust in the people that offer advice and hope that they are providing you with good/accurate information. The sad fact is that this is not always the case and I have learned this time and time again, the hard way. (Sally, letter, January 31, 2013)

Schools send parents to Addiction Services, who may then suggest other programs. These programs may or may not still be in existence, and sometimes families do not fit targeted demographics and are therefore not eligible to participate. Websites often have inaccurate information about services for youth and there seems to be a systemic communication disconnect that leaves parents with an incomplete representation of the options for healthcare and support. For my husband and me, it was a cycle of frustration and futility. In one bout of flurried Internet searches and phone calls, I ended up speaking to someone in Quebec, who thankfully found me a phone number of someone in Saskatchewan who could help me move forward in one of our initial quests to help our son. Sally had a similar experience. She explained:

As soon as people found out that we were in Canada, like when I was looking at rehabilitation facilities and stuff, they laughed at me and said, “Good luck!”... And then as soon as I said, Saskatchewan, well...Yes, they were literally laughing at me on the phone. (Recorded conversation)

Until I spoke with Sally and Phil, I honestly believed our family had been unable to find help and information because we had approached Zach’s drug use from a convoluted, ineffectual perspective. When Sally and Phil’s narratives eerily echoed our experiences, I no longer questioned that we had missed something in our search for help. However, as my inquiry continued, I began to wonder if anyone even realized that there is a crisis in the provision of information and services for youth with substance use disorders.

Policing in schools. Another concern parents voiced in their conversations was the manner in which the police, another community service, were involved with their children at the school level. When the principal believed Buck was selling drugs in the high school, he contacted the police to meet with Buck:

Midway through the process, [the police officer] kept asking him questions, “Well who did you get this stuff from? Who are you going to sell it to?” And I just said to the police officer, not for Buck’s benefit believe me, but for the benefit of the family, “Buck, you know, if you don’t have anything further to say, we’re going to stop this conversation

right now.” I’m not having my son implicate himself, or ...say something that’s going to potentially put our family in harm, just for their satisfaction or to get some information that they probably already knew... I mean he’s 14 years old for God’s sake! (Phil, recorded conversation)

Phil’s concern did not stem from the fact that the police were called, he was concerned with the motives behind their involvement, and the coercion he believed was being leveraged by the combined authority of both police and school. Jeanne’s and Maurice’s story had a very similar theme. Jeanne explained:

So, [the principal] actually made a deal with the cop that came to see him, that Pierre would give the name of his supplier and the description of his car. (Recorded conversation)

Is this the role of schools – connecting with police to root out nefarious drug sources? What happens to students’ trust when authority figures, such as principals and police officers, disregard students’ well-being for the so-called greater good? Is it not in the best interest of school communities to interrupt the cycle of substance use by supporting the health and needs of all students?

Imagine this scenario from Buck’s and Pierre’s perspectives. First, you have been caught, the police have been called, and you may have to face criminal charges. Second, you are also facing possible expulsion from your school. Third, your parents are going to be disappointed and angry. In these scenarios, presented by the parent participants, the young men were in a hopeless situation, and they were likely terrified and distraught. Neither the principal, nor the police, seemed to consider Buck’s or Pierre’s safety or their health. In my opinion, the boys were treated as disposable sources of information. Who took into consideration what the street repercussions might have been for these young people? Why are these situations not handled differently in schools? How can schools respond with students’ health and well-being at the heart of these types of encounters? It is vitally important that students feel a sense of belonging in their schools, with administrators advocating for the best interests of each and every child in their care.

Responding to Families’ Needs

Creating effective partnerships to address students’ substance use disorders requires a social justice lens. Auerbach (2012) stated, “Partnerships which benefit schools, families, and

communities are more than instrumental; they are inherently valuable as an expression of relationship” (p. 4). Engaging in democratic relationships is “to assert a commitment to the common good, and to seek ways to better serve the public – in other words, to pursue aspects of social justice” (p. 4). Conversations with parent participants revealed gaps and barriers in the services and supports available to assist families and their children who are suffering from mental health and substance use disorders – a need for social justice. There seemed to be a disconnected shifting of responsibility between schools and other community services, with more concern being placed on “get this off my plate” than with authentic concern for the youth’s wellbeing. Further barriers to successful support included lack of information, inconsistencies, and interruptions of communication between services, stigma, and school responses.

As an educator, a parent who has tried to work within the present system, and a researcher, I believe it is imperative that strong partnerships are developed between education, health care, and judicial systems to benefit youth and their families. Schools are where young people congregate and connect so they are natural locations for substance use prevention, early detection, and intervention (Council on School Health and Committee on Substance Abuse, 2007). According to Castellanos-Ryan, Parent et al. (2013), “Some Canadian statistics show that 42% of adolescents attending Grades 9 through 11 (or 3–5 of high school) have used cannabis in the last year, and by Grade 11, 86% of them were drinking alcohol” (p. 782). With mental health and addictions clinics attached to high schools, students could easily access the supports they need, and a number of the issues identified by the parent participants would be alleviated.

Benningfield, Riggs & Stephan (2015) agreed, stating:

Co-locating high-quality substance/behavioral health treatment in schools, including in school-based health centers, has the potential to improve screening, treatment access and availability, continuing care, and coordination of medical/behavioral health care.

Compared with community-based treatment settings, youth who have access to school-based health centers are 10 times more likely to make a mental health or substance use visit and participate in screening for other high-risk behaviors. Implementing evidenced-based substance treatment interventions in schools also has the potential to reach youth at earlier stages of substance severity and to reduce the risk of progression to more chronic addiction with considerable cost savings to society. (p. 292)

School-based mental health and substance use clinics clearly have significant potential to support students and their families, as well as the greater school community. In 2012, the Canadian School-based Mental Health and Substance Abuse Consortium (2012) reported:

Because schools are an excellent place to promote positive mental health, more needs to be done to take advantage of the growing number of school/community partnerships, coalitions and networks focused on moving the field forward. Increased coordination and sharing across provinces and territories is also needed, building on the solid work several provinces have initiated to address key policy issues. Inclusive partnerships also must include the meaningful participation of young people and their families. (p. 15)

Partnerships between schools and other community partners, including students and their families, is important for successful responses to mental health and substance use issues plaguing our youth and communities. The following describes my vision for this partnership.

A Vision for Mental Health and Substance Use Response in Schools

The goal for this vision of a school-based mental health and substance use clinic is to nurture partnerships to support mental health and substance use issues for students and their families. This vision responds to the implied needs that emerged from the parent participants' and my personal stories, and addresses: (a) location; (b) authentic partnerships; (c) programming and support; (d) continuity of services and; (e) ongoing research and program evaluation.

Location

A clinic within the high school setting is ideal for supporting students, their families, and the school community. Bringing care to school communities reduces the need for additional travel, creates opportunities for convenient and immediate intervention, and offers a safe and comfortable space for students, their families, and educators to find support during the school day. In my vision, this space is welcoming and hospitable, offering private places to calm fragile spirits as well as friendly faces to offer hope and help to individuals and groups.

Imagine a young person who has recently begun his recovery journey. The stress of his day has become a challenge and he is trying to avoid old patterns of substance use. Normally, he would slip out of class to self-medicate, but he has chosen a new path and wants to establish a different way to respond to stress. Instead, he enters the calming atmosphere of the clinic and sits down on one of the comfortable couches. A volunteer, counselor, or mental health

professional asks him if he would like a beverage and if he can help. This student is in a welcoming, supportive, safe environment, and afforded the opportunity to self-direct recovery.

I distinctly remember the day I realized Zach was using drugs. I was frantic and did not know what to do. If I could have called a clinic at Zach's high school or even dropped in for support, I would have felt much more in control. For parents, good quality, current information is important, but the moralization of the community, particularly when drug use is involved sets up barriers. A welcoming space where I could have met with someone to get information about how my child's school community could support us in helping our child would have been wonderful. This clinic would also be the perfect place to locate the parent liaison I discussed in the previous chapter. Having an outside entrance to the clinic would alleviate anonymity and privacy concerns for parents and students as well. An outdoor entrance could give parents and students access to the clinic without having to move through the more public hallways of the school.

As a teacher, I have worked with children and families who were dealing with substance use and mental health issues. Although information was shared at the onset of our relationship, learning about specific ways to assist the child was more complicated. An on-site clinic could have been a great source of information and support for me, as a teacher, as I attempted to respond to the particular behaviours and educational needs of my students. It is more efficient to walk down a hallway to drop in to the clinic than to play telephone tag to arrange for a meeting three weeks away. Timely intervention is important and support within the school is key.

An in-school clinic would have benefits for mental health and substance use professionals as well. As professionals, supporting clients at their home schools would enable them to offer better opportunities for holistic advocacy. The relationships they established in this more intimate environment would enable educational differentiation and modification for students in recovery. Further, possibilities would be created for shared monitoring of students' behaviours and challenges between parents, clinic personnel, and school personnel. Locating clinics in schools enhances authentic opportunities for better partnerships where fewer students will fall through the cracks.

Authentic Partnerships

Although partnerships for a school-based clinic would include education as well as mental health and addictions services, other community members would also be invited to

support this initiative. Other health services, social services, and judicial and police services often deal with youth requiring mental health and substance use intervention. Additionally, members from Narcotics Anonymous and Alcoholics Anonymous interact with youth in their meetings. Others who may want to support the clinic include people from local universities and post-secondary institutions, school alumni, and of course parents and youth from the community.

Social services. Social services are already connected to schools and health services. Seamless support within the clinic would ensure all young people and their families have their basic needs, such as food, housing, and clothing met. Young people who have been asked to leave their homes or have other unmet essential needs could access assistance on all levels through this partnership.

Other health services. Mental health and substance use disorders can be accompanied by physical challenges. Young people may require psychiatric interventions or medication to move forward in their recovery and, if they are using substances, they may have a lot of physical repercussions that need monitoring and attendance. For admittance into a rehabilitation or care facility, a medical report is often required from a physician, which adds another layer of complexity that can become a barrier to care. Connecting these services to a school-based clinic supports easy access for recovery and hope.

Judicial and police services. Young people challenged with mental health and substance use disorders can also experience legal issues. The stories the parents shared revealed police intervention that supported the justice system's agenda rather than the needs of the student. Connecting with police in a way that foregrounds the health and safety needs of students could bring about a more positive relationship, one that may eventually generate the same outcomes, but without intimidation and power tactics. For young people who are connected to judicial systems, court ordered school attendance and other requirements could be more personally and sensitively supported through a clinic. These connections could respect students' dignity, support resiliency, and create a hopeful future.

Volunteers. Trained volunteers could be utilized by the clinic on many levels, including welcome and hospitality for clients and relationship building within the school. Like volunteers from Victim Services, training about confidentiality, role boundaries, and other concerns could be completed before they serve the clinic. People like to give back to their communities, and volunteering for a good cause, particularly for youth, is satisfying for many people. Volunteers

for a school-based mental health and substance use clinic could come from many sources such as churches, particularly when dealing with a separate school system, school alumni, and retirees from health care and education.

Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) offer meetings for people of all ages. Volunteers from this community who could offer meetings within the school would be very helpful for students. For Zach, attending meetings was complicated. Because he was too young to drive, he needed to arrange for a ride every time he wanted to attend a meeting. Also, meetings were not easily accessible and often scheduled for locations that my husband and I felt were unsafe for a young person. Additionally, a friend, who is a recovering drug user, explained that for many people in recovery, multiple meetings might be necessary to interrupt the patterns of use. For example, if a young person did the “wake and bake” before school, used drugs again at lunch time, and then again after school, they may need to attend a meeting at each of those times. Being able to access support, through NA or AA meetings during the school day could help many students.

Families. Authentic partnerships and relationships with families are important for the success of individual and community interventions on the school landscape. Partnerships with families from the school community offer parent knowledge as well as important feedback and information for improvement. Additionally, as young people and their families begin to recover, parents and students can offer their hard earned knowledge and experiences to support to other families who are beginning their recovery journey.

University and other post-secondary educational institutions. Schools are places to learn, so developing partnerships with universities and other post-secondary institutions seems logical. For example, community outreach programs like SafeSHIP could also be created to support this school-based clinic. SafeSHIP brings fourth year nursing students from the University of Saskatchewan to schools as part of their clinical experience to promote students’ health and well-being through health education, health promotion, advocacy work, media promotion, and policy development. This type of partnership with post-secondary institutions could be developed to support the school-based mental health and substance use clinic as well. Students finishing courses for mental health nursing, addictions counseling, and psychiatry or medical internships could benefit from the experience and help many young people in their recovery.

Additionally, teacher candidates could also benefit from this experience. Learning to be teachers in an interdisciplinary setting would enable pre-service teachers to develop a rich sense of their role as a teacher. Collaborating in this type of school community would reinforce the comprehensive and holistic nature of their prospective roles in students' learning and well-being.

Programming and Support

The programming and support offered through this vision of a school-based clinic would be multi-dimensional, building a relational network to respond to both the individual needs of students and their families, as well as the needs of the greater school community. This clinic would respond, with the help of the partners, to the school community's need for information, early intervention options, counseling, advocacy, and crisis care.

Information services. One of the most frustrating experiences described by parents was the quest to find current, relevant, and local information. One of the mandates of the clinic would be to assemble and disseminate up to date information about mental health and substance use disorders and supports to the greater school community. This could be done through a website, or a handbook for those preferring anonymous support, but could also become available to anyone who dropped in or telephoned. Recognizing the different needs of the various communities within the school, the mental health and substance use clinic would spearhead information dissemination for the needs of the varied groups.

An integral aspect of the professional development offered for teachers and staff of the school would be education to better support and respond to the needs of struggling students in their classrooms, and strategies to attend to early warning signs of potential issues. Co-constructed curricula to respond to mental health and substance use stigma would also be implemented school-wide.

Parents would have the opportunity to access information through a variety of means and to connect with other parents through the work of the paid outreach parent. Group sessions could be co-created with parent groups to meet their needs, answer their questions, and rely on the knowledge they have acquired through their experiences. Students could also access information to learn how to deal with their personal challenges as well as how to respond to friends in need.

Early intervention. Relationship building and outreach into the school community will promote early intervention. Through the delivery of yearlong co-constructed educational

programs, as well as habitual contact and interaction with students during down times such as lunch hours or other breaks, clinic personnel and volunteers could begin conversations about mental health and substance use. Such interaction would establish a comfortable connection between the greater school community and the clinic. For example, students could be invited, through electronic monitors displayed in cafeterias or other places of congregation, to participate in weekly surveys done anonymously through their cellular phones. Questions could include items regarding such things as drug use, peer pressure, mental health concerns, and preferences for assistance. A second monitor could then display the previous week's survey results. During breaks, volunteers would be available to discuss outcomes with students, encouraging conversations to open and normalize the dialogue about mental health and substance use issues, reduce stigma, and build relationships that will encourage students to seek help, if needed, at the clinic.

Early and brief intervention for mild to moderate drug use for students in a school setting has been shown to decrease students' drug use. If parent sessions, as well as problem solving strategies are added to the intervention sessions, even better student results occur (Winters et al., 2012). Professional development for teachers and other school staff to recognize early warning signs and activate parent and health care communications would assist students before mental health or substance use issues become a serious concern. Referrals for support could be self-initiated, but teachers, parents, other agencies, and even friends could refer students to the clinic for support.

Counseling. Both individual and group counseling could be made available to students and their families in this vision of a school-based mental health and substance use clinic. Conversations between school counselors and clinic counselors would ensure clients' needs are met and not duplicated. This model also offers possibilities for group sessions that include professionals from a variety of the partnership services.

Advocacy. Students need advocates. The parents in this inquiry advocated fiercely for their children, but were often met with roadblocks to success. A school-based mental health and substance use clinic could create authentic partnerships for individual as well as systemic advocacy. For individual students, advocacy could mean connecting with teachers to alter assignments or change due dates to support recovery. Advocacy could also mean connecting with judicial systems or police services to assist a young person trying to escape drug dealing or

gangs. Advocacy for individuals could also mean finding a good fit detoxification or rehabilitation program. Unfortunately, there are not a lot of programs available for youth in our province. A mental health and substance use clinic could be a catalyzing force to encourage individual groups to work together in partnership to mobilize and influence political organizations to address programming deficits for youth.

Crisis care. As I mentioned earlier, crises occur for families with teens suffering from mental health or substance use disorders, and in my experience, these crises occur on weekends when regular services are not available. When a crisis occurs, both young people and their families need immediate support. A school-based clinic could ensure that systems would be in place for these inevitable emergencies, and crisis care and support following these events could be more accessible and specific to students' and their families' needs.

Continuity of Services

Transitions were challenging for the parents and children of this inquiry. A school-based mental health and substance use clinic would address some of the issues surrounding transitions for education and health care. First, students would be supported by their home school clinic, so they would not have to move from school to school to access programs. Second, clinic personnel would be responsible for the students in the attached school. Because young people tend to inconsistently access counseling, they also had little continuity between counselors and addiction workers. A school-based clinic would provide built in consistency. Addiction counselors and other mental health workers could monitor inconsistent students and students' intake information would be available when they returned for additional assistance. Changes to personnel would not be as traumatic for students as their clinic would still be a safe, comfortable, and familiar place. Finally, if a student chose to move to another school, a transition to another school would also mean a transition to the other school's clinic as well. School records, files, and other information already follow students to new schools. School-based clinic files would also follow them, ensuring students receive clinic support and do not fall through the cracks.

Research and Program Evaluation

Ongoing program evaluation is important for program success. Evaluations offer opportunities for improvements and changes. Strengths and challenges can be determined and training and allocation of resources can be discussed and refined to enhance practice. Additionally, scholarly research in this area is sparse. Research would provide new ideas and

solutions to improve partnerships for socially just responses to students with mental health and substance use disorders.

Musings and Concluding Thoughts

I found this letter from Zach to his cousin, who would have been about Grade 6 or 7 at the time, in a file on my computer. Zach must have been fifteen or sixteen years old at the time he wrote this letter, because he was only sick for a few short years – it was not until later in Grade 9 that I discovered his drug use and he died before he entered Grade 12. In his letter, Zach’s cautionary words tell the tale of his struggle with substance use disorder. His personal experiences, concerns, and despair lie beneath arguments that speak to the negative physical, emotional, and social effects of substance use. Substance use disorder is not a moral issue, it is a health issue – no one chooses this pain. Zachary wrote:

Dear [cousin],

Even though you are very young, you are not that far away from having your first incident with drugs. I want to give you some information so that you know what to say when you are pressured to use them.

First of all, you are a really smart young person and you do not want to lose all of your brain cells at a young age. Drugs pollute your body and make you really ugly. You will get puffy red eyes or purple blotchy skin. You might even smell like marijuana, cigarettes, and other smoked drugs. That’s not very attractive!

Another reason to avoid drugs is people might label you as a bad kid if they see or hear that you are doing drugs and we all know that you aren’t. You might even lose friends because of it and you don’t want that to happen.

One of the worst things about drugs is that they cost a lot and you will spend all of your money because you will need to keep buying more and more to get the “high” that you want as you get addicted. You also won’t be able to keep a job, because you will be away from work a lot and when you are working, your work will be bad quality. If you can’t work, you won’t have money to buy drugs. Most people end up robbing others to get their next “fix.”

The absolute worst thing about doing drugs is that there is a greater chance of you DYING. Either you will “O.D.” and die that way or get cancer from the drugs. You

will also likely die faster because your organs can't keep going from the poisons in the drugs.

So [cousin], three words: DON'T DO DRUGS! It's not smart and we would like to keep you around a long time. Hopefully this will help you when you are approached.

Maybe this letter will give you quick reasons to say, "No." (Z. Semenoff, n.d.)

It has been three years and a few hours since my beautiful son, Zachary Val died. Young people, like Zach deserve respect and dignity, and the support of their school communities. No child should ever feel disposable, unprotected, and unwelcome in their communities. No child should feel ugly, unworthy, pressured to break the law, or be concerned about death at such a young age. I believe an authentic partnership, like the one I have described, between high school and community services such as Mental Health and Addictions, could have saved my son and our family a lot of pain. This vision of a school-based clinic could have provided information, early intervention, hospitality, and connections and transitions to programs and health care, from the familiar and accessible location of our school community. A partnership like this could have given all of us real hope for recovery and a future.

Final Thoughts

*Blackbird singing in the dead of night
Take these broken wings and learn to fly
All your life
You were only waiting for this moment to arise*

*Blackbird singing in the dead of night
Take these sunken eyes and learn to see
All your life
You were only waiting for this moment to be free*
(From "Blackbird," Lennon & McCartney, 1968)

Three years ago, a group of scholars in a graduate studies class about narrative inquiry encouraged me to share my parenting story through my research. My journey began with thinking about my personal story of grief, "rethinking moments of tension as places of inquiry" (Clandinin, 2013, p. 76), and finding the courage to wonder. Heilbrun (1999) said, "Power is the ability to take one's place in whatever discourse is essential to action and the right to have one's part matter" (p. 18). Perhaps this inquiry was my way of taking action and controlling my personal narrative. Connelly and Clandinin (2006) commented:

People shape their daily stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. (p. 375)

As I studied narrative inquiry as a research methodology, and somewhat reluctantly shared my experiences about Zachary, I became aware that my family's tragedy was not unique and that many people in my community and around the world had stories to share about parenting children with substance use issues.

Seven months after Zach's death, my husband and I escaped to Mexico with our two sons for a week in the sun. My husband always teases me about my ability to strike up conversations

with strangers, and as usual, I began to connect with other people around the pool. At the time, I was reading books about narrative inquiry, and when a woman asked about what I was reading and why, I cryptically explained my proposed research. She and her new husband were from Chicago. She described herself as a hairstylist for the rich and her husband as an investment banker. They had blended their families, and both of them had children from previous marriages, who were dabbling in the “drug scene.” Our conversations that week explored themes similar to those discussed by the parent participants in this inquiry. According to my notes written at the time, both of these parents described their experiences using words similar to the following:

We feel shame as parents. The kids involved in drugs at our school come from good homes with great parents. They are upper middle class kids with everything going for them. It’s an epidemic! Schools have no information. They are supportive about schoolwork, but make few allowances to assist kids during difficult times. (Field notes, March 25, 2014)

Other parents around the pool from Toronto, Ontario, Calgary, Alberta, and other places in the United States joined in our conversation. Perhaps they felt safe to discuss this parental issue among strangers. The concerns they voiced demonstrated the universality of the challenges foregrounded in this inquiry. Over the past three years, I have casually spoken with parents from places like California, Texas, New York, Vancouver and Ottawa, as well as people from Scotland and England. According to these brief encounters, worries and alarm about substance use seem to be commonplace among parents of teens. Although this inquiry focused on the shared stories of four families, including mine, from our small community, the struggles we have all experienced resonate with parents from many, many other places.

Life is Education

Living with a child, suffering from substance use disorder was educative. My family and I learned to cope, together, through trial and much error. Sally and Phil, Amanda, and Maurice and Jeanne learned through their experiences as well, and had much wisdom to offer through their stories. Individually, our stories were personal, interesting, and tragic vignettes, but interwoven, our stories gathered strength, affirming our narrative authority (Olson & Craig, 2001), creating a stronger collaborative narrative and a solid argument for systemic change. Huber et al. (2013) commented:

Education is life and life is education, and to study life, to study education, is to study experience. As a philosopher of experience, Dewey theorized the key terms *personal*, *social*, *temporal*, and *situational* to describe characteristics of experience based on his principles of interaction and continuity. (p. 220)

The experiences shared by the parent participants, and by me, have been very personal and particular. They are rooted in time and in the context of our communities. Together, we sought to understand the happenings from our past, as we continued to live and learn in the midst.

Maurice summed up these sentiments in an email. He wrote:

While it has been an emotional and extremely difficult experience to dredge up memories and experiences long buried, Jeanne and I are grateful that you've taken up this battle and hope that if in some small way our contribution helps one child avoid Pierre's experience, it will have been time well spent. (Maurice, personal communication, July 27, 2016)

Through the passage of time, our re-telling, and re-living, we have all grown in our perceptions of those moments shared. Perhaps this inquiry will be a part of a healing process for all of us, as we continue to try to make sense of our painful experiences and look toward possibilities for change to support others confronted with these complex parenting puzzles.

Where is the School in Parents' Stories?

Initially, this inquiry centred around two questions: What do parents perceive schools currently do to support families as they work through their child's drug issues? What do parents believe schools could do differently? None of the participants directly answered the first question because they did not perceive that the schools were supporting them in any way in this parenting conundrum. Other than for one alternative school, the parents' stories were stories of exclusion, of stigmatization and moralization, for their children and for them. In regard to the second question, the parents knew that what was happening was not just or helpful, yet they did not know what schools could do differently in regard to programming. I believe this is very telling. More research is critically needed to address these questions. What really came to the fore were the relational aspects of our stories. These stories brought to light the importance of belonging to community for both parents and students. Our common parental narrative also emphasized the roles stigmatization, and the moralization of broader communities, played in our lives – caging us, and our children, with stereotypical labels and pre-conceived notions about mental health and substance use disorders. Together, our stories emphasized the need for

schools and communities to shift worldviews to become more inclusive and supportive of all students and their families.

Contributions of this inquiry. I have not found other research regarding parents' perceptions of how schools connect with students who are suffering from mental health and substance use issues. This inquiry challenged the status quo of school communities, and encouraged attention to the welcome vital to students and families who do not fit the norm. Recommendations for effective transitions, and nurturing inclusivity and relationships for students and their families have also been conceptualized and argued. Through education about substance use and mental health issues, building authentic partnerships that honour parent knowledge, and collaboration with other community services, schools can create vigilant and responsive school communities. Such communities have the potential to support students and their families as they navigate mental health and substance use issues. More research is imperative to inform authentic change in school communities to support students and their families.

Future inquiries. From my conversations with parent participants, I still have many unanswered questions and I did not even begin to address some of the common threads, tensions, and plotlines that emerged.

I wonder about the differences between genders as it pertains to substance use and recovery. Amanda's story about Jill differs dramatically from all of the others. Why did the boys discussed in this inquiry seem to experience a more challenged road to health? Was it coincidence, personality, or do girls respond differently to the supports currently provided?

Does giftedness or higher intelligence play a part in substance use disorders? Buck, Jordyn, and Zach were considered, by their teachers and their parents, to be excellent students in their early years. Zach was formally identified as academically gifted. Jeanne, who works in schools, also considers Pierre to be highly intelligent, but hindered by learning challenges. How do learning challenges connect with substance use disorders?

All of the participants' children had been prescribed medication on a regular basis for either mental health issues such as depression or anxiety, for other reasons such as attention deficit disorder, or in Zach's case, to deal with headaches due to an eye anomaly. How might taking regular medication of this kind correlate with substance use issues? How might this encourage self-medication?

The participating families in this inquiry were middle-class families. I wonder how the experiences of parents from other socioeconomic groups compare with our experiences. Is there mental health and substance use programming available for children, parents, and families of other socioeconomic groups? How might schools be responding to the needs of individuals living in contexts of poverty or affluence?

These wonders are rich with possibility for a vast array of research inquiries in an untapped and underrepresented field of study in education. Given the stories of the four families, it is imperative that the conversation about mental health and substance use issues becomes prominent and broadly considered. We have too much to lose, too many to lose, to allow the current social story to continue to dominate and devalue young people in our families, schools, and communities.

Concluding Remarks

Over the years, educators and school communities have learned about and have improved their responses to many other stigmatized and marginalized groups of students and their families. Through calls to action such as the *Truth and Reconciliation* (2015), schools and other communities are becoming more culturally responsive to First Nations students and their families. The past few decades have also brought about changes in our schools for students and families from LGBTQ2 communities. Today, some high schools, and even some elementary schools in our community, are beginning to provide gender-neutral washrooms as they begin to address education, inclusion, and acceptance for diverse students.

I believe the essential conversations about mental health and substance use issues are currently whispers in the corners of darkened rooms. The social moralizations and self-stigmatization of these issues have impeded frank and open conversations. I challenge schools to become leaders in our communities, by beginning conversations about mental health and substance use issues. In this social leadership role, schools can change the discourse, destigmatizing the students and families facing these health issues, and building welcoming, supportive, and collaborative communities.

A few weeks before Zach died, our family attended a Paul McCartney concert. It was a memorable and happy day for our family. When Paul McCartney introduced the song, “Blackbird,” he told us challenging race relations in the United States, and the Civil Rights

Movement had inspired the lyrics. Perhaps our collective parental stories will inspire actions for change to support students and families suffering from mental health and substance use issues.

On an even more personal note, I would like to close with part of an essay that I recently found on my computer, written by my son, Zachary, exactly one year before his death. He wrote:

During this last month or so I have already made many positive changes. I have stopped using drugs and gotten back in touch with my family and friends. I have been focusing on my skateboarding for physical activity, and plan on joining extra-curricular activities including volleyball. When September rolls around, I will turn sixteen, which allows me to get my license. It also makes me eligible for most jobs, so I can spend some of my free time making money so I can buy a car.

When I think of my future, I see it as being a mystery that is yet to unravel. I don't really know what I'm going to do when I finish high school, but I know I want to do something important to help the others around me. By taking in all of the good things in life I will be able to give to others in a positive way. (Z. Semenoff, August 23, 2012)

Through this inquiry, Zach's words, his life, and his death may someday help others. Perhaps this inquiry, in a small way, fulfills one of Zach's teenaged hopes and dreams – giving to others in a positive way.

*And in the end
The love you take
Is equal to the love
You make.*

(From "The End," Lennon & McCartney, 1969)

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